Agenda item 9

DERBYSHIRE HEALTH AND WELLBEING BOARD

7 December 2017

Report of Accountable Officer for Derbyshire CCGs

Derbyshire's Maternity Transformation Plan (MTP)

1. Purpose of the report

This paper provides the Health and Wellbeing Board with an overview of Derbyshire's Maternity Transformation Plan (MTP), which the Board is asked to endorse.

2. Information and analysis

The MTP, attached as Appendix 1, presents the five-year priorities of Derbyshire's Local Maternity System (LMS). The Plan was developed collaboratively over a number of months and submitted in final form to NHS England on 31 October 2017. Feedback from the national and regional teams is expected in early December.

The MTP provides the local response to the recommendations of *Better Births*, the report of the National Maternity Review.

Better Births makes a series of recommendations and provides a Five Year Forward View for maternity care for:

- Personalised care
- Continuity of carer
- Safer care
- Better postnatal and perinatal mental health care
- Multi-professional working
- Working across boundaries
- A payment system

The MTP is structured around eight key priorities for transformation, to be taken forward by three delivery groups which report to the Maternity Transformation Programme Board, which itself reports to the Provider Alliance Group of the Derbyshire Sustainability and Transformation Plan.
Providers, commissioners and service users of maternity care are required to come together in Local Maternity Systems (LMS), coterminous with STP footprints. A Derbyshire LMS has been operational for one year.

Derbyshire's Maternity Transformation Programme Board is chaired by David Urpeth, Non-Executive Director at Chesterfield Royal Hospital NHS Foundation Trust.

Maternity is recognised as a standalone STP programme and its Senior Responsible Officer is Jayne Stringfellow, Chief Nurse North Derbyshire CCG and Interim Chief Nurse and Director of Quality for Southern Derbyshire CCG, Erewash CCG and Hardwick CCGs.

Interdependencies between maternity and other programmes have been mapped and a Programme Manager and Administrator have been recruited using time-limited NHS England funding.

Priority 6 within the Transformation Plan focusses upon Health and Wellbeing. The aim of the Health and Wellbeing Delivery group is to promote the health and wellbeing of women and their families and to reduce health inequalities, with a particular focus on the following areas:

- Vulnerabilities – to ensure that support is available for women with social risk factors when they need it.
- Breastfeeding – to help women establish and sustain breastfeeding for as long as they wish to.
- Smoking – to reduce the number of women who smoke during their pregnancy and into the postnatal period.
- Obesity – to help women to achieve and maintain a healthy diet and levels of physical activity during pregnancy**.**

3. Links to the Health and Wellbeing Strategy

The LMS vision is that partner organisations within Derbyshire work together to support women and families to give their children the best possible start in life and begin parenting feeling confident, capable and well supported.

We want high quality, safe and personalised services that promote pregnancy and childbirth as an event of social and emotional significance where women and their families are treated with kindness and compassion and with dignity and respect.

For every mother wherever they live and whatever their circumstances, pregnancy and childbirth will be positive experience with care that meets best practice standards, is timely, accessible, personalised and planned and delivered in partnership with women to maximise their independence and choice.

This mirrors the vision within the Health and Wellbeing strategy to reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities.

A healthy mum and family is the first step in giving any baby a healthy and 'good' start in life. We will increase healthy life expectancy and reduce differences in life expectancy between different communities by:

- working towards equity of service provision, so that families are not disadvantaged by where they live,
- identifying and providing targeted support to those vulnerable groups at greatest risk of poor outcomes and,
- taking an asset-based approach that recognises and builds on the strengths and resources families have to address their own health needs

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. To note the contents of the MTP, with particular reference to the current and future models of maternity care and the five-year priorities
2. To acknowledge Priority Six regarding health and wellbeing

Dr Chris Clayton
Joint Accountable Officer for Derbyshire CCGs

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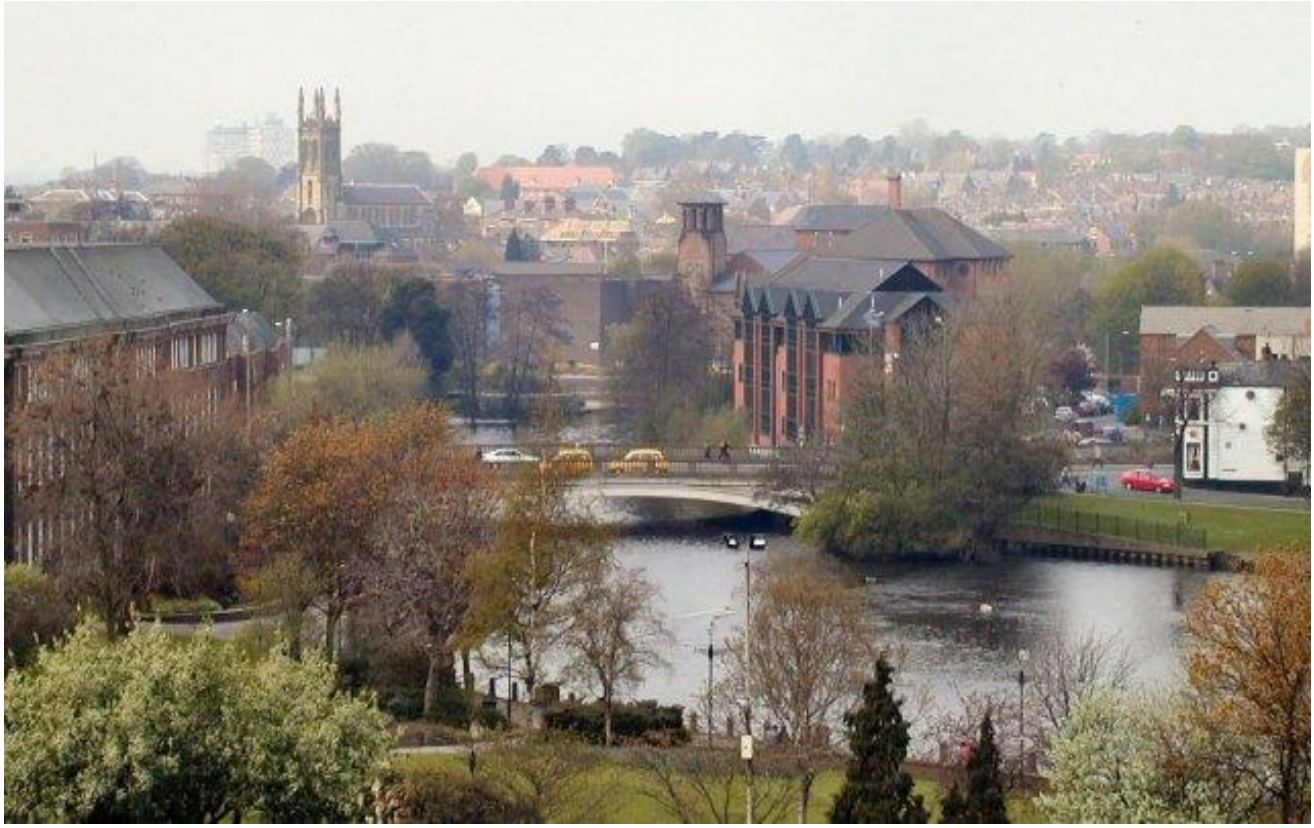
Better Births Derbyshire:
A Five-Year Transformation Plan for Maternity Care

October 2017



Senior Responsible Officer's Foreword

It is well understood that the foundations for health and well-being start in pregnancy. From heart disease to obesity, educational achievement and economic status, the months before and the years immediately after birth are crucial to the life chances of the mother, her child and her family.

We know that the health and happiness of future generations can be enhanced through the provision of high quality maternity services and that pregnancy is a powerful motivator for change. It is a time when women and their partners, often for the first time, make positive lifestyle changes and choices in order to provide the optimal conditions to ensure the health and wellbeing of their unborn baby. This is particularly important, not just in the context of the pregnancy, but also because we know that when women make these changes, they significantly influence the lifestyle choices of their children and wider family. Pregnancy therefore presents a golden opportunity to impact on the health and wellbeing of individuals, families and communities.

The health of children is influenced by what happens throughout pregnancy and even before, so it is vitally important that efforts to ensure that mother and child are safe and healthy need to start well before the birth.

This Maternity Transformation Plan sets out the results that we want for women and their babies in Derbyshire during pregnancy and childbirth. The safety, effectiveness and quality of not only maternity services but other services both statutory and voluntary who contribute to the delivery of care and support services clearly has a fundamental role to play in delivering these results. This plan and other work going on at regional and national level sets out expectations of all partners in the Local Maternity System in transforming maternity services so that a real difference can be made to families in Derbyshire.

Investing efforts to improve and transform maternity services now and in the future is imperative if Derbyshire is to build healthy and happy families and communities.

Jayne Stringfellow
Senior Responsible Officer – Derbyshire Maternity Transformation Programme

Midwife Foreword

I am delighted to be given the opportunity to contribute to the implementation of *Better Births* locally at Derby. Working locally in the area, building knowledge of the maternity service and then using this to assist the transformation and improvement in services for women in our care is a real privilege.

The transformational changes recommended in *Better Births* are substantial – but with mindful implementation these changes should result in improved job satisfaction for midwives in areas such as achieving continuity in care which would be wholly welcomed.

There are some really exciting areas for development across maternity which will improve the care women and their families receive. We need to fully welcome the changes recommended from *Better births* if we are to truly achieve a maternity service which both women and their families would embrace and also midwives and support staff would be engaged and motivated to be a part of.

Claire Brackenbury
Team Lead, Devonshire Community Midwives
Derby Teaching Hospitals NHS Foundation Trust

Public Health Nurse Foreword

"Public Health Nurses are Health visitors and School Nurses. We see *Better Births* as helping us strengthen our current relationships with local midwifery services across Derbyshire to ensure that care is safe, there is a smooth transition for parents into the health visiting service and that information and support given is consistent across the footprint. Through this transformation plan, we see our role in developing joint pathways of care, joint training and learning –for example, around infant feeding and emotional health and wellbeing – and the sharing of best practice to enable parents and babies to have the best start."

Claire Scothern
Professional Quality Lead for Children and Families
Derbyshire Community Health Services NHS Foundation Trust

Our Vision

We know that a healthy mum and family is the first step in giving any baby a healthy and 'good' start in life.

Our vision is that partner organisations within the Derbyshire Local Maternity System work together to support women and families to give their children the best possible start in life and begin parenting feeling confident, capable and well supported.

We want high quality, safe and personalised services that promote pregnancy and childbirth as an event of social and emotional significance where women and their families are treated with kindness and compassion and with dignity and respect.

For every mother wherever they live and whatever their circumstances, pregnancy and childbirth will be positive experience with care that meets best practice standards, is timely, accessible, personalised and planned and delivered in partnership with women to maximise their independence and choice.

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Executive Summary

In February 2016 *Better Births* set out the Five Year Forward View for NHS Maternity services in England with a compelling vision of what maternity services should look like in the future. It was recognised that the vision could only be delivered through locally led transformation which was supported both at national and regional levels.

Providers and commissioners of maternity services were, therefore, asked to come together to form Local Maternity Systems, which would then plan the design and delivery of local services. Key deliverables for Local Maternity Systems were put in place with the requirement to formulate local plans for delivery of *Better Births*.

The Derbyshire Local Maternity System (LMS) was quickly established in October 2016 and has recently evolved to become a Derbyshire Maternity Transformation Board, demonstrating the strong system wide commitment from all key organisations and stakeholders who are working together, and with local women and their families, embracing change to ensure high-quality services for the women, babies and their families of Derbyshire.

This plan outlines our ambitious vision for Maternity Services in Derbyshire. Achieving this vision is as much about creating a lasting ethos of greater collaboration as it is about system design and it will require a cultural shift in many communities, organisations, and also for professionals working within the system.

Key to our local transformation is honesty about what we are not getting right and this plan identifies our Five Year Priorities and how we will know their implementation has made a difference.

We have taken early steps to involve women and their families, however, transforming the way we work collaboratively with our service-users to enable them to influence and share in local decision-making is a golden thread throughout our plan. We asked women and their families to assess our Five Year Priorities and their feedback has shown that the priorities we have identified are the right ones, being representative of the views of Derbyshire people.

In maternity and neonatal care, it is intended that integrated team care will, over time, take place in local community 'hubs'. These hubs would be local care settings for a range of services, designed around the needs of the women and their families; enabling smooth transition to children’s services and access to early help and intervention where needed.

Women and their families are also very complimentary of existing services. It was clear that the way in which a midwife delivers safe and effective care makes a defining impression on the family’s experience and we have reflected in our plan our expectations for kind and compassionate care right across the pathway.

Introduction

Better Births sets out the vision for Maternity Services across England: that they will 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.

This Maternity Transformation Plan (MTP) sets out the Derbyshire LMS's five-year plan to deliver these ambitions, building upon what we already know about our area and on the experiences of the people who use our services. This MTP is to be read in conjunction with our detailed action plan, which explains how we will deliver on our priorities for equitable, high quality and well-coordinated care across our footprint and care that is closer to home, building on Derbyshire's evolving place-based model.

To do this, our LMS is an integral part of the wider Derbyshire STP, with our Maternity Transformation Programme recognised as a dedicated workstream and closely aligned to all others. Our programme will be coordinated by a small dedicated team which will work in tandem with LMS partners to take forward our MTP, facilitating participation and innovation towards the best possible outcomes.

Acknowledgements

This plan was written collaboratively by members of LMS partner organisations with key input from Delivery Group leads and members, coordinated by Nicola MacPhail, Deputy Chief Nurse, NHS Erewash CCG and Alex Albus, Commissioning Manager (children and maternity), NHS North Derbyshire, Hardwick and Erewash CCGs.

Special thanks is given to colleagues in the CCG Patient Experience, Engagement and Communications teams who developed and led a tailored exercise to engage with service users during the drafting stages (in alphabetical order):

- Amanda Brikmanis, Patient Engagement and Experience Manager, NHS North Derbyshire CCG
- David Brown, Communications Manager, NHS Arden and Greater East Midlands Commissioning Support Unit
- Sam Robinson, Patient Engagement and Experience Officer, NHS North Derbyshire CCG
- Sue Higginson, Engagement and Consultation Manager (North), NHS Arden and Greater East Midlands Commissioning Support Unit
- Rachael Murfin, Patient Experience Lead, NHS Erewash CCG
- Louise Swain, Head of Patient Engagement and Experience, NHS North Derbyshire CCG

This plan was submitted to NHS England (Midlands and East) on 31 October 2017.

Better Births Derbyshire – "Plan on a Page"

Our vision

Partner organisations within the Derbyshire Local Maternity System work together to ensure that, for every mother wherever they live and whatever their circumstances, pregnancy and childbirth will be a positive experience with care that meets best practice standards, is timely, accessible, personalised and planned and delivered in partnership with them to maximise their independence and choice.

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Our priorities and the outcomes we aim to achieve

Safety

Standardised, best practice care and enhanced safety culture

Every woman feels her care was safe and her baby was delivered safely

Information & involvement

Personalised care planning

Every woman and her partner feels they were listened to and involved in their care

Choice

Access to three choices of birthplace

Every woman feels she had real choice and her wishes were respected

Continuity

Each stage of care is coordinated and consistent

Every woman had a named midwife who was present at 2/3 of all contacts

Place-based care

Every woman has access to place-based care organised around a hub with 24hr access to advice and reassurance

Health and wellbeing

Every women feels she was empowered to improve her health and wellbeing and to reduce any risks to her and her baby

Postnatal Care

Every woman feels she received comprehensive, personalised postnatal care with timely onward referral to additional support

Digital health and care

Every woman was offered a digital version of her handheld record and every midwife was able to share records electronically

Our values – how we will act

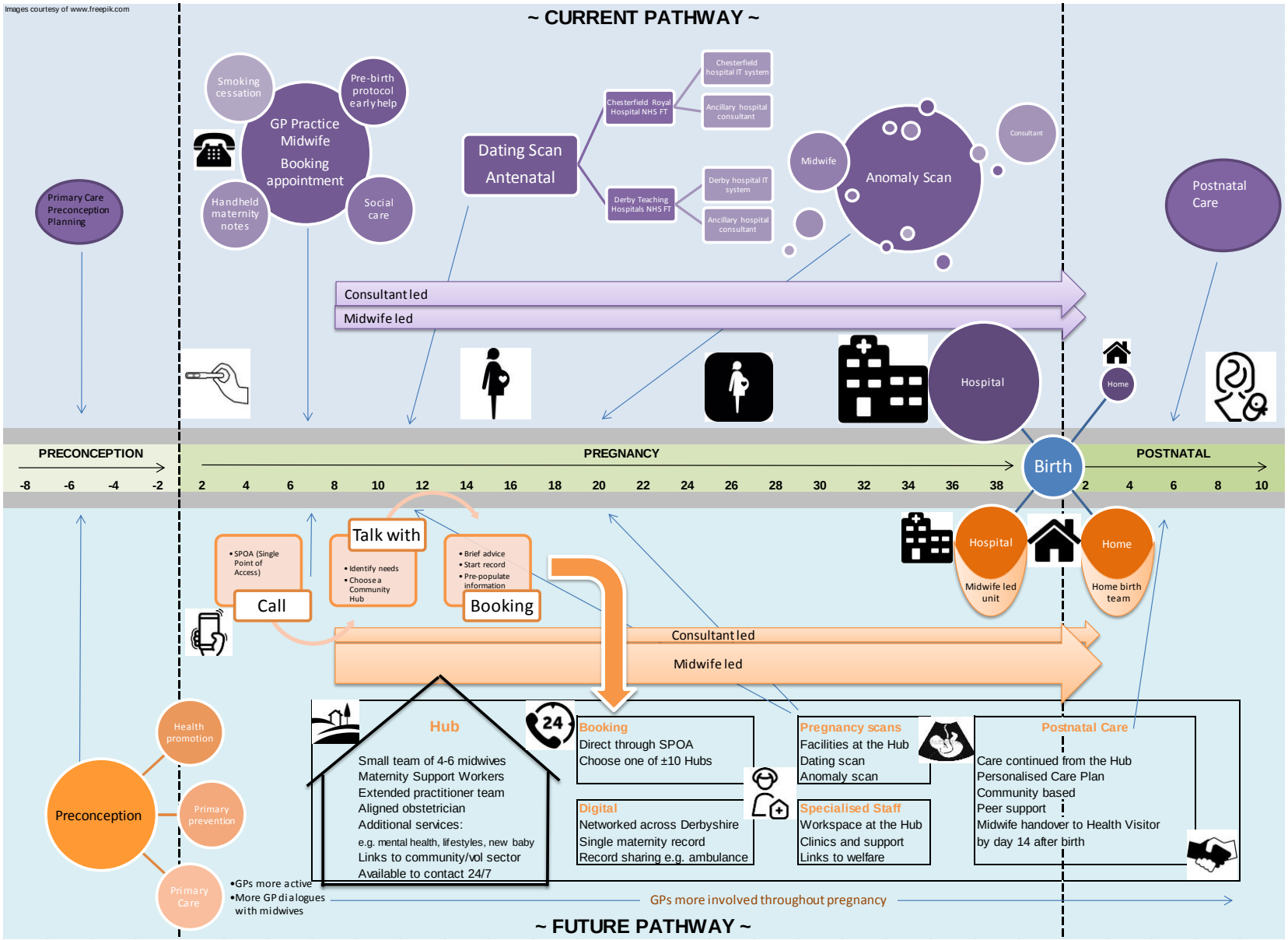
Those providing maternity care in Derbyshire will:

- Be friendly and helpful
- Act with care and kindness
- Keep me informed
- Respect my wishes
- Support and reassure me

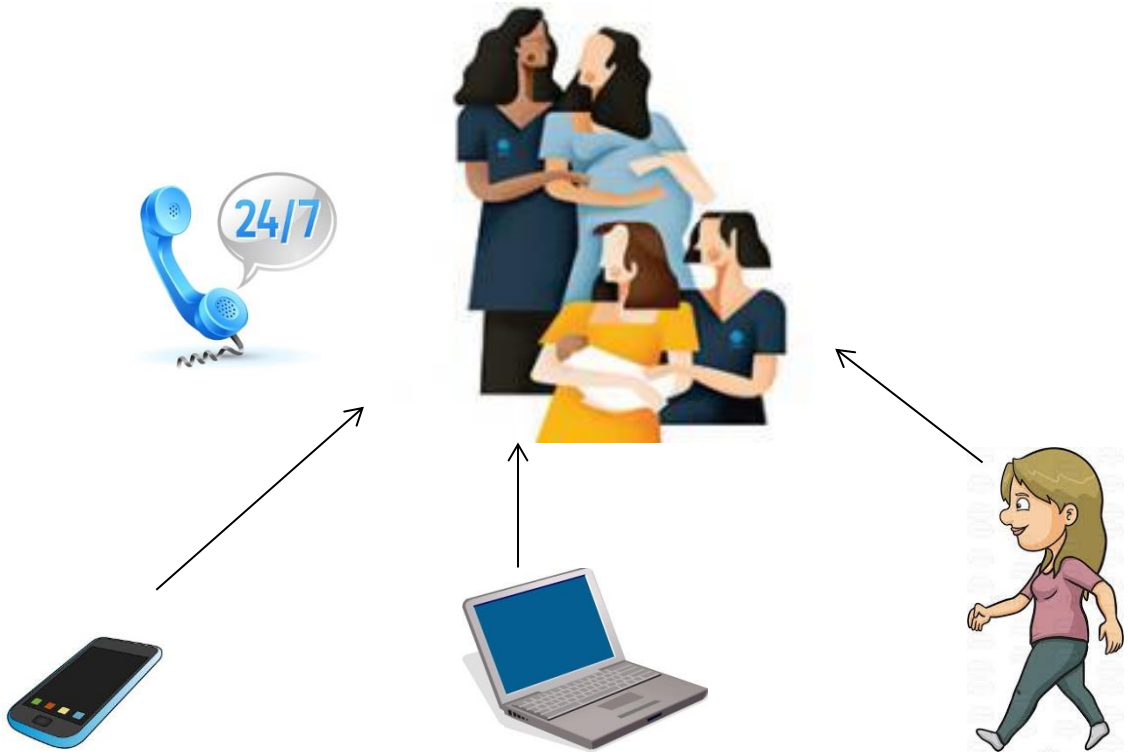
Enablers – what will help us

- Outcomes-based commissioning
- Thinking differently about payment
- A competent, collaborative workforce
- Appropriate skills and sufficient capacity
- Digital technology and infrastructure

Derbyshire models of care today and in the future



At the Centre of Our Model – a 24hr Contact Point and Community Hubs



Overview of the Derbyshire STP footprint

There are nearly 11,000 babies born in our Local Maternity System (LMS) footprint each year – that's 1.6% of all babies born in England. To ensure that these babies, their mothers and their families have equitable access to the safe, high quality services they choose and need, as close to home as possible, the Derbyshire Local Maternity System (LMS) brings together over 20 organisations to jointly plan and deliver the transformation of maternity care and the services aligned to it, such as neonatal care and perinatal mental health services.

The Derbyshire LMS is coterminous with the Derbyshire Sustainability and Transformation Plan (STP) footprint, taking in the administrative areas of Derbyshire County (excluding Glossop), Derby city and four Clinical Commissioning Groups (CCGs): North Derbyshire, Hardwick, Erewash and Southern Derbyshire.

The Derbyshire LMS takes in a population of a little over one million people. The geography of our population varies greatly, characterised by rural comparatively isolated communities in the North and West, High Peak and Derbyshire Dales, to the dense urban communities in Derby and North East.

Our footprint also has marked socio-economic variation; high deprivation in Derby and the North East contrasts with affluence in the Dales and South West. There are a number of smaller urban centres with a mix of more affluent market towns and more deprived ex-mining areas. 3.5% of the population (more than 26,000 people)[2] live in areas which are within the 10% most deprived areas in England. These are centred around former industrialised areas such as Bolsover (the most deprived of Derbyshire's districts) and parts of the Ilkeston North Ward (which ranks within the top 1% most deprived areas in England) and some wards of Derby city, including the city centre and some inner-city suburbs[6].

There is a rich cultural mix across Derby city compared with 97.5% white British in the county. Derby houses a quarter of the LMS population and, with the highest proportion of non-white British residents, is the most ethnically diverse of our communities (17% of the Derby population are ethnic minorities, compared with 2.5% in Derbyshire and 9% in East Midlands[2]).

The STP footprint total population is over 1 million people. By 2033, 27.5% population will be over 65. By 2025, the number of over-75s will be more than 40% higher than today.

Life expectancy in Derbyshire county (M: 78.9, F: 82.7) is similar to the England average (M: 78.9, F: 82.8), while life expectancy in Derby city (M: 78, F: 82.2) is lower than the England average. Life expectancy increases have slowed in recent years. Obesity is higher than the national average in all four of our CCG areas.

The proportion of mothers that smoke at the time of delivery (14.6%) is in the highest quartile of STP areas nationally, whereas the number of diabetes patients achieving all NICE-recommended treatment targets is in the lowest quartile of STP areas nationally.

There are a wide range of health and care commissioners and providers within the STP footprint:

- Four CCGs (Erewash, Hardwick, North Derbyshire, Southern Derbyshire), two local authorities (Derby city, Derbyshire county)
- Two acute Foundation Trusts in Derby (Royal Derby Hospitals) and Chesterfield (Chesterfield Royal Hospital)
- One community Foundation Trust (Derbyshire Community Health) and one mental health Foundation Trust (Derbyshire Healthcare))
- 119 GP practices (reg. pop. ranges (2-25k), plus Out of Hours provider
- Residential and care home providers
- Ambulance Trust – East Midlands-wide and a Vanguard MCP in Erewash

Many patients resident in Derbyshire access out of county healthcare provision; we have significant patient flows to acute hospitals in Sheffield, Nottingham, Mansfield, Burton and Stockport. Specialist/tertiary care is provided from Sheffield and Nottingham.

Our current health spend in Derbyshire is circa £1,698m. This spend is forecast to grow by over 23% by 2020/21of which is 11% is cost inflation and 12% activity growth.

Our Maternity Transformation plans must:

- be flexible to meet diverse needs – in relation to both geography and population. To achieve consistent quality we must not take a 'one size fits all' approach
- reflect the current flows between Derbyshire and neighbouring footprints
- be both realistic about the challenges we face, and ambitious in tackling them

We have structured our plan around eight key priorities as follows:

- Safety
- Information and involvement
- Choice
- Continuity
- Place-based care
- Health and wellbeing
- Postnatal care
- Digital technology

These are explained in detail from page 38.

The Derbyshire Maternity Choice Offer

There are two acute provider Trusts in the Derbyshire LMS footprint, Chesterfield Royal Hospital NHS Foundation Trust to the north and Derby Teaching Hospitals NHS Foundation Trust to the south which, between them, deliver nearly eight out of ten babies born to women in our area. Currently Women are given a choice of maternity providers in the local area when they book with their community midwife.

Community midwifery services are also provided by these two organisations, offered on a northern Derbyshire and southern Derbyshire basis and some women may access their community midwifery over the Derbyshire borders. The current choice offer in the north is to be seen in one of four community midwifery hubs within the locality of North Derbyshire and the Derbyshire Dales. There are also a small number of midwives who are based in GP surgeries, this is provided in areas Where the distance to a community hub would be an issue.

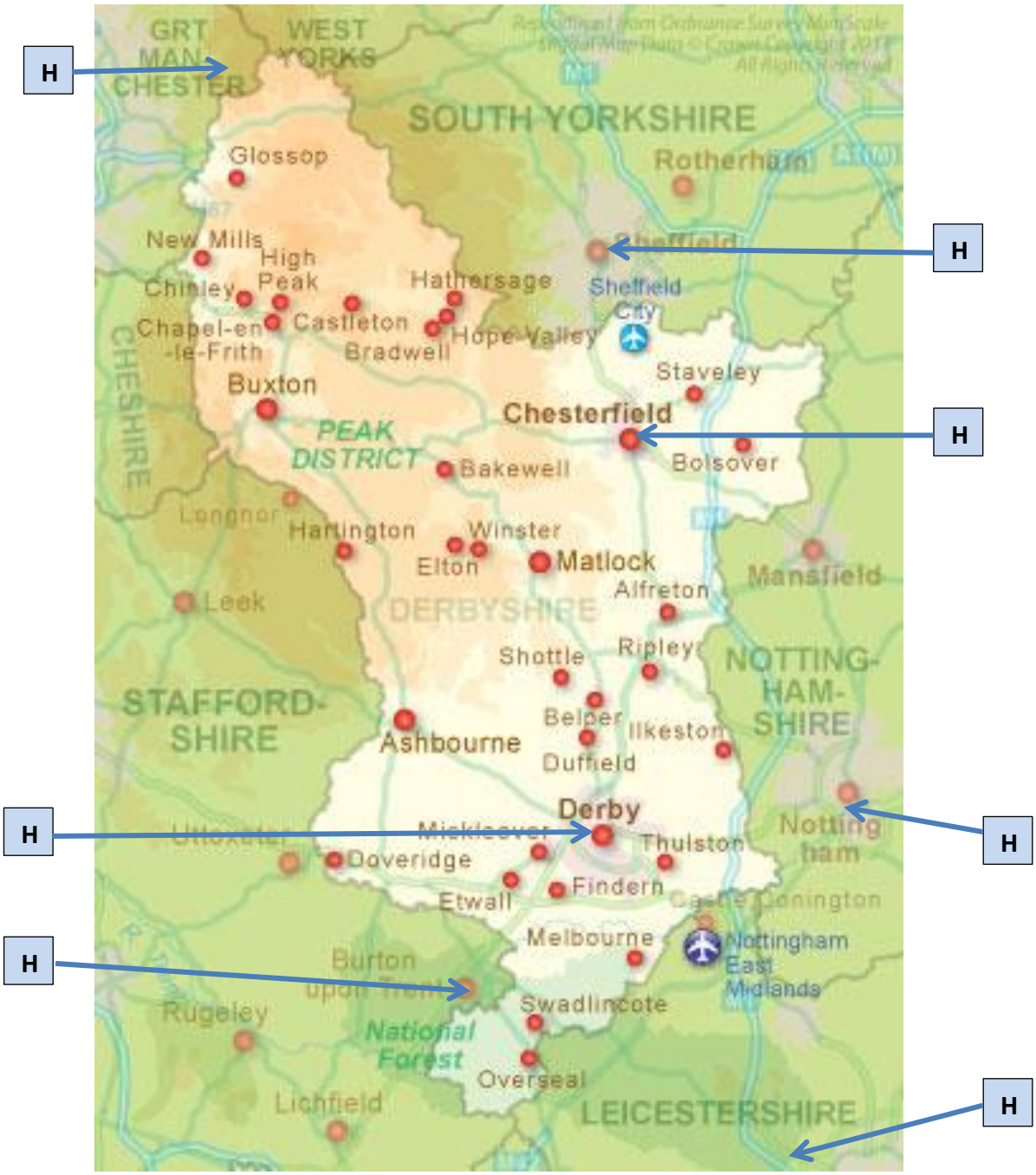
The two Trusts each offer a birth centre, where care is led by midwives and a labour ward for more intensive care, such as supporting women who are on the consultant-led pathway. Chesterfield Royal hospital has four birthing pools which provides women with the option of using water for pain relief and birth. In addition, both providers offer home birth services and a little over 1% of babies are born this way in our LMS (the national average is around 2%5).

As part of the development of this plan, we asked women and their families to rate the care they received during their pregnancy. 50% of people we asked rated their care as a “9” or a “10” (on a 0-10 rating scale where 0 is low and 10 is high). We are rightly proud of this appraisal.

Women in Derbyshire are offered choice of birthplace. Analysis of where women give birth to their baby, in relation to where they live, shows that our two hospitals are used by families right across the footprint. For example, Chesterfield Royal Hospital has been chosen by women as far south as Ashbourne and Royal Derby Hospital has been chosen by women as far north as Holmewood and Pilsley.

We are also a landlocked county and 35% of babies born to Derbyshire women are delivered in hospitals outside of Derbyshire. Sometimes, these providers are geographically closer to the family or more accessible due to road links. Also, urgent and specialist care pathways, such as conveyance by ambulance or requirement for a neonatal unit, might lead families to use hospitals further afield. Women are given a choice of provider when feto maternal care pathways are required. Women usually choose the hospital which is easier for them to access dependent upon where they live in our area.

The Derbyshire LMS is bordered by five others which collectively help to deliver most babies who aren't born in Derbyshire. The main hospital sites are shown on this map and a breakdown is provided of where they sit within their respective LMS:



H Hospital site with Maternity Units

- **Greater Manchester and Eastern Cheshire LMS – 5-6% of births, £1M**
    - Taking in Stockport NHS Foundation Trust, East Cheshire NHS Trust (Macclesfield Birth Centre) and Central Manchester University Hospitals NHS Foundation Trust
- **South Yorkshire and Bassetlaw LMS – 1% of births, nearly £500K**
    - Taking in Sheffield Teaching Hospitals NHS Foundation Trust (Jessop Wing) and Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- **Nottinghamshire LMS – 11% of births, £2.4M**
    - Taking in Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust (Sherwood Birthing Unit at King's Mill Hospital)
- **Leicestershire LMS (women using Derbyshire services)**
    - Women from the Leicestershire area may give birth in Derbyshire, for example at Derby Teaching Hospitals NHS Foundation Trust
- **Pan Staffordshire LMS – 4% activity, £800K**
    - Taking in Burton Hospitals NHS Foundation Trust and women from the Burton and surrounds area of Staffordshire who may decide to give birth in Derbyshire, for example at Derby Teaching Hospitals NHS Foundation Trust

Neonatal care

Neonatal services provide, alongside maternity staff, an oversight of care for all babies who are at risk of, or have developed complications. This includes babies born too early, babies with congenital abnormalities and babies who experienced complications during birth.

Neonatal care is categorised as special, high dependency or intensive care, depending on the level of support babies require. Not all specialist neonatal care requires admission to a neonatal unit; many babies needing treatment or observation now receive this without being separated from their mothers and is commonly known as transitional care.

Depending on the level of care provided neonatal units are designated nationally as special care baby units (SCBU), local neonatal units (LNU) and neonatal intensive care units (NICU).

Neonatal services form part of an integrated pathway for high quality maternity, paediatric and family centred care. As a specialised service they are commissioned by NHS England, provided in a variety of settings dependent upon the needs of a baby and managed within Operational Delivery Networks (ODNs) serving a defined regional population. The Derbyshire LMS is served by two such ODNs:

- Yorkshire and the Humber Neonatal ODN (northern Derbyshire area)
- Central Newborn Network (southern Derbyshire area)

Neonatal services are inextricably linked to maternity and obstetric services and form part of an integrated pathway for high quality maternity, paediatric and family care. We recognise the importance of collaboration between maternity, obstetric and neonatal services to co-develop pathways of care to ensure the best possible outcomes for mother and baby and to ensure that care is delivered in the appropriate place as close to home as possible.

We will work with our Neonatal ODNs to ensure that, as part of shared clinical and operational governance, integrated pathways will deliver optimal perinatal and neonatal outcomes.

Urgent care

Sometimes, having a baby becomes a medical emergency. Our LMS is served by the East Midlands Ambulance Service (EMAS), which answers around 5,000 calls per year that are 'Primary Maternity calls'.

Headline statistics for our LMS

The Derbyshire population

Higher | Lower | Similar | Concern

17.7%: Women of childbearing age, as a proportion of total population

(2017, source: Maternity HNA, Public Health England and ONS)

There are 184,292 women aged 15-44 across our LMS, known in statistical terms as women of childbearing age. Derbyshire has a slightly smaller proportion of women of childbearing age than England as a whole, where the value is 19.7%. The proportions vary between the various districts of our LMS, reflecting our population make-up and it is highest in Derby city.

0.2%: Projected increase in childbearing population by 2034

(2014, source Maternity HNA, Public Health England and ONS)

The population of childbearing women (those aged 15-44) is projected to increase slightly by 2034, compared with 2014. The change varies considerably between CCGs, from a 3.1% decrease in North Derbyshire CCG, to a 3.3 increase in Southern Derbyshire CCG. The overall Derbyshire population is predicted to increase over that period, which is in-line with all other areas of England. Nationally, the population aged 65 and over is projected to grow at the fastest rate compared with other age groups and this may explain why our population of childbearing women is set to increase by a much smaller margin against the population as a whole.

61.2: General Fertility Rate

(date, source:)

The General Fertility Rate measures the number of live births per 1,000 women aged 15 to 44. The rate in Derbyshire is slightly lower than the England rate (62.5) and it varies from 52.5 in the Derbyshire Dales (which, at 28%, has the lowest proportion of women of childbearing age) to 64.5 in Derby city.

Births in Derbyshire

10,966: Babies born in 2015 – CCG GP-registered population

(2015, source: Maternity HNA, Public Health England)

The number of births which take place in our LMS can be measured in different ways. Clinical Commissioning Groups (CCGs) fund maternity care in its traditional sense, that is, midwifery and obstetric care. Therefore, one simple method is to count the number of births which have taken place to women who are registered to a GP practice member of one of the four Derbyshire CCGs.

11,250: Babies born in 2015 – local authority resident population

(2015, source: Maternity HNA, Public Health England)

We know that not every woman who is registered with a GP practice member of one of the four Derbyshire CCGs will actually live in Derbyshire (county or city, by traditional postal address boundaries). Likewise, not every woman who lives in Derbyshire will be registered with a Derbyshire GP Practice. This statistic suggests that there are more than 200 women who are normally resident in Derbyshire but have a GP practice elsewhere, perhaps very close yet over our borders.

8,166: Babies born in 2015/16 – births at our maternity services

(2015/16, source: Maternity HNA, Public Health England)

We know that not every woman resident or registered with a GP practice in our area will give birth with one of the maternity service providers within our footprint. This is the number of babies born to women who *are* registered with one of our member GP practices and gave birth at either Chesterfield Royal Hospital NHS Foundation Trust or Derby Teaching Hospitals NHS Foundation Trust.

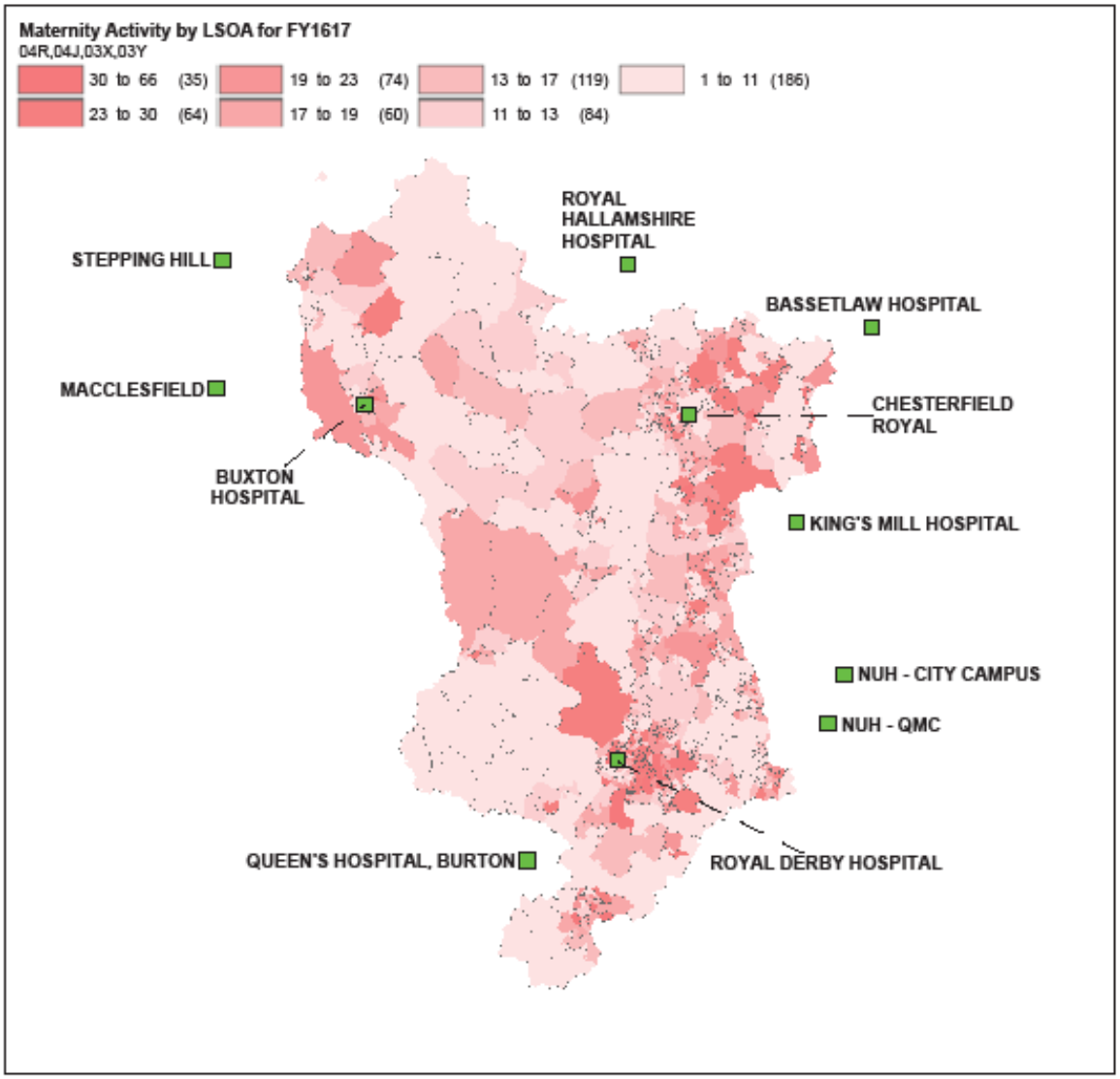
Birth projections (number of births expected, by year)

(Source: ONS)

Local Authority	2017	2018	2019	2020
Derby	3,500	3,500	3,500	3,600
Derbyshire	8,100	8,100	8,200	8,200

Birth profile: births by LSOA

(2016/17, source: Arden & GEM Commissioning Support Unit)



Data derived from SUS

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•Contains OS data © Crown copyright and database right [2017]

The number of babies born per LSOA (Lower Super Output Area, a common level of geography which enables statistics to be analysed at a relatively small level) varies across our LMS. The map above looks at the 10,262 birthing episodes (where there may have been more than one baby per episode) to women for whom one of the four Derbyshire CCGs was the responsible commissioner.

Birth Profile: Characteristics of parents

Higher | Lower | Similar | Concern

13.1%: Births to parents born outside of the UK, of all live births

(2015, source: Fingertips, Public Health England)

The overall LMS figure (average across the four CCGs) is lower than the England figure of 19.1, however, it varies considerably by CCG – from 8.8 in North Derbyshire CCG, to 23.9 in Southern Derbyshire CCG. The variations in our population make-up become even clearer when this statistic is evaluated at local authority level, where only 9% of births in Derbyshire are to have one or both parents who were born overseas, against 35.5% in Derby city.

15.2%: Deliveries to mothers from Black and Ethnic Minority (BME) groups

(2015/16, source: Fingertips, Public Health England)

The LMS figure (average across the four CCGs) is much lower than the England figure of 29.8 and varies considerably by CCG – from 5.3% in North Derbyshire CCG, to 27.1 in Southern Derbyshire CCG.

4.2%: Births to mothers aged less than 20

(2015, source: Fingertips, Public Health England)

The LMS figure (average across four CCGs) is higher than the England figure of 3.4% and varies across our LMS – from 3.6% in North Derbyshire CCG to 4.8% in Hardwick CCG.

17.8%: Births to women aged 35 and above

(2015/16, source: Maternity HNA, Public Health England)

The LMS figure is much lower than the England rate, although does not vary significantly between Derbyshire or Derby city.

Higher | Lower | Similar | Concern

9.3%: Recorded prevalence of depression

(2015/16, source: Fingertips, Public Health England)

The LMS figure is lower than the England figure of 8.3% and varies somewhat across the LMS, from 8.6% in Southern Derbyshire CCG to 9.6% in Erewash CCG.

0.86%: Recorded prevalence of severe mental illness

(2015/16, source: Fingertips, Public Health England)

The LMS figure is lower than the England rate of 0.9% and varies somewhat across our area from 0.75 in Erewash CCG to 0.96 in North Derbyshire CCG.

Birth profile: risk factors and protective factors

Higher | Lower | Similar | Concern

48%: Flu vaccination

(2015/16, source: Maternity HNA, Public Health England)

The LMS coverage is higher than the general coverage across England and varies considerably across our area, being highest in North Derbyshire CCG and lowest in Southern Derbyshire CCG.

75%*: Pertussis vaccination

(2015/16, source: Fingertips, Public Health England)

The LMS coverage is higher than the general coverage across England of and varies somewhat across our area, being highest in Erewash CCG and lowest in Hardwick CCG.

14.8%: Women smoking at time of delivery

(2015/16, source: Fingertips, Public Health England)

The LMS figure is higher than the England figure of 10.6% and is as high as 16.3% in Hardwick CCG and North Derbyshire CCG.

71.8%: Women initiating breastfeeding

(2014/15, source: Fingertips, Public Health England)

The LMS percentage (average across Derbyshire county and Derby city local authorities) is lower than the England percentage of 74.3%.

*Approximate

Birth profile: characteristics

Higher | Lower | Similar | Concern

59.7%: Normal delivery

(2015/16, source: Arden & GEM Commissioning Support Unit)

The LMS figure is very similar to the England figure of 60%.

26.5%: Caesarean section

(2015/16, source: Arden & GEM Commissioning Support Unit)

The LMS figure is very similar to the England figure of 26.7%.

7.4%: Low birth weight term babies

(2015, source: Maternity HNA, Public Health England)

The LMS figure (average across four CCGs) is the same as the England figure.

1.2%: Very low birth weight term babies

(2015, source: Maternity HNA, Public Health England)

The LMS figure (average across four CCGs) is very similar to the England figure of 1.26%.

Birth outcomes

Higher | Lower | Similar | Concern

4: Stillbirth, crude rate per 1,000 births

(2013-16, source: Maternity HNA, Public Health England)

The LMS figure is lower than the England figure of 4.6, although the rate varies across the area, from 3.5 in Erewash CCG to 4.3 in Southern Derbyshire CCG.

4.3: Infant mortality, crude rate per 1,000 births

(2013-16, source: Maternity HNA, Public Health England)

The LMS figure is higher than the England figure of 3.9, although the rate varies across the area, from 2.3 in Erewash CCG to 5.0 in Southern Derbyshire CCG.

What is already happening in Derbyshire?

Many changes are already under way that will help deliver the *Better Births* and Derbyshire vision. A wide range of organisations and stakeholders are already working together and embracing change to ensure we have high-quality services for women, babies and their families that will contribute to improvements in safety and outcomes. This is what is already happening:

A Derbyshire Local Maternity System

Derbyshire embarked on its transformation programme for maternity services in October 2016, when a group of partner representatives was formed to take forward the local response to *Better Births*, which had been articulated in the Derbyshire STP *Joined Up Care Derbyshire* in an outline business case for children's and maternity services (available here).

This group is situated within the governance structures of our STP, with a Senior Responsible Officer (SRO) who attends our STP board and with strong clinical leadership. It has evolved to become our Maternity Transformation Programme Board, chaired by a provider Trust Non-Executive Director. It is underpinned by three Delivery Groups which, together with aligned action plans, take forward our priorities (see page 38).

Maternity Transformation as an STP programme

The LMS welcomes its own place in the STP governance structure as a standalone programme with its own the Maternity Transformation Programme Board. Our structure is visualised in Appendix A.

The development of our outline business case for children's and maternity services and, now, our transformation plan for maternity services – this document – have received the input of many stakeholders. Some of our greatest priorities are shared with other programmes, for example, the development of a community hubs model of maternity care which will be considered in tandem with Derbyshire's "place-based" service redesign and, in particular, the development of Wellness Hubs and community children's services.

Engaging with local women and families about their maternity care

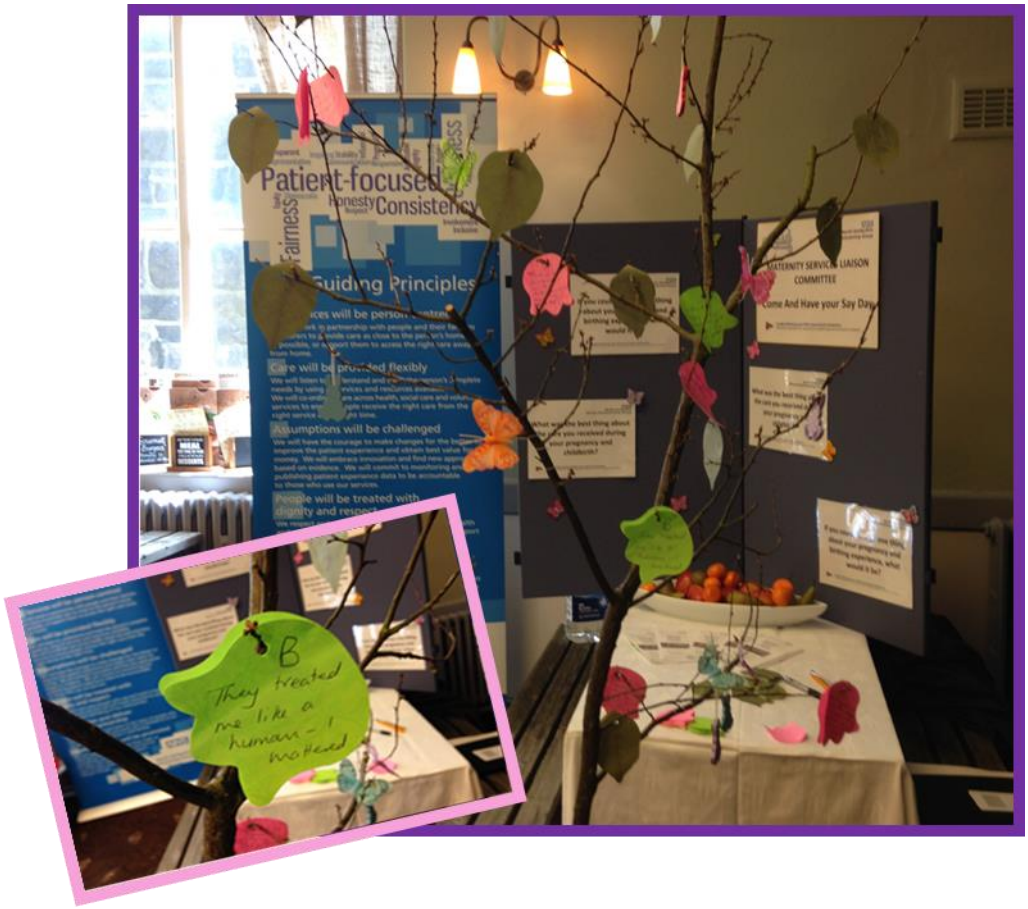
Derbyshire is proud of to have a long and successful history of engaging with women about maternity care.

Maternity Services Liaison Committees (MSLCs) have been operational in our area for about 20 years and have traditionally been based in the High Peak and Dales, North Derbyshire and South Derbyshire. Today, there continue to be three groups as follows:

- High Peak MSLC, representing women who primarily give birth in Stockport area
- North Derbyshire MSLC, primarily representing women who give birth in Chesterfield
- Derby Maternity Voices, primarily representing women who give birth in Derby

Each MSLC meets as a group between four and six times per year, facilitated by local Clinical Commissioning Group (and, formerly, a Primary Care Group or Primary Care Trust). The Chair role and membership has varied over the years, with strong links to the NCT (National Childbirth Trust), Children's Centres (formerly known as Sure-Start Centres) and a broad representation across local services and the women who use them. We recognise that this is a model we must build on, so that we may strengthen the opportunities for service users to influence and be involved with our transformational programme.

Over the years, our MSLCs have brought forth a wealth of intelligence to commissioners and providers alike, to help develop the services we see today. For example, they provided valued input to the consultation exercise around the closure of the Corbar and Darley birth centres in the High Peak and Derbyshire Dales and a part of the home birth review group in southern Derbyshire.



Feedback from Healthwatch

Our LMS population is represented by two Healthwatch organisations – Healthwatch Derby and Healthwatch Derbyshire – and together they champion consumer rights in health and social care. Both organisations have recently focused on maternity services and their findings and recommendations, triangulating them with those within *Better Births* to ensure locally identified issues are also informing our plan.

Healthwatch Derby structured a comprehensive consultation programme over January 2015 to January 2016 to assess the impact and effectiveness of maternity services and services for children aged 0 to 11 years. This was the 'Little Voices' project. By using a combination of consultation methods they provided a robust approach to capturing patient and carer feedback, support group feedback as well as feedback from Trust staff, commissioners and regulators of services ensuring each had opportunities to feed into the consultation.

The themes that emerged were not dissimilar to the Picker national maternity survey results and of those highlighted during the National Maternity Review consultations and identified in *Better Births*.

Healthwatch Derbyshire also undertook an engagement exercise between September 2016 and November 2016, where they invited participants to talk generally about their experiences of using maternity services. Several very similar themes emerged from this engagement.

Our links with neighbouring LMS

As shown on page 18, the Derbyshire LMS is bordered by five other LMS which themselves provide care to a significant proportion of Derbyshire families. While this presents a challenge in terms of coordination and consistency of care, it also gives us an opportunity to share ideas and build on best practice, reducing some of the issues that service users may face.

Alongside its core footprint membership, the Maternity Transformation Programme Board has a link membership which represents maternity service providers in these neighbouring LMS, so that they may be a part of our Derbyshire conversation. We have also identified a representative from each of our five bordering LMS to so that we can collectively design the best services for our populations and cross-reference our plans.

Our role in clinical networks and operational delivery networks

LMS partners also have longstanding participation in local clinical networks at a strategic, commissioner and clinical level, benefiting greatly from the shared learning opportunities of being aligned to both the Yorkshire and the Humber and East Midlands clinical and Operational Delivery Networks (ODNs) covering maternity, perinatal/mental health, neonatal and children's services. Examples of the work we have been involved with include:

- During 2016, participation in the working group to redevelop the East Midlands maternity services specification, for implementation with Derbyshire providers

- For 2017-18, adoption of the Yorkshire and the Humber maternity dashboard for monitoring and benchmarking the activity and performance of Chesterfield Royal Hospital NHS Foundation Trust

- In Autumn 2017, joint work with the East Midlands Mental Health Clinical Network to develop and submit a bid in the second wave of the Perinatal Mental Health Community Services Development Fund, aiming to further enhance the service provision across our footprint and bring parity for women across Derbyshire.

Lifestyles and wellbeing – reducing risk factors

Alongside the quality of maternity care itself, in Derbyshire there is a clear focus on early intervention and prevention. We aim to support women to lead as healthy a lifestyle as possible during pregnancy, in body and mind, enabling them to give their baby the best possible start in life. These are some of the key themes:

Smoking in Pregnancy

The LMS recognises smoking in pregnancy as a primary area for action. It is well understood that smoking is a significant behavioural risk factor for poor birth outcomes, doubling the risk of stillbirth[1]. Rates of smoking in pregnancy across our LMS are higher than the national average and specific action has been taken to address this.

The LMS has a "smoking in pregnancy action plan" in draft format, owned by the Health and Wellbeing Delivery Group. We expect to finalise this during 2017, although there is already a lot of work underway in this area.

The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care. CQUINs offer a financial incentive up to a maximum of 2.5% payable additionally to the provider's total annual contract. Two CQUINs have been used to-date to support a reduction in the rate of smoking during pregnancy:

- A Smoking in Pregnancy CQUIN was contracted with Derby Teaching Hospitals NHS Foundation Trust in 2016/17. It involved the provision of smoking cessation brief interventions through midwifery with the support of CO monitoring at booking and delivery. The implementation of CO monitoring has corresponded with a 3.6 fold increase in the number of women referred to Stop Smoking Services and a 2.6 fold increase in the number of women who quit smoking with the help of services after implementation of the CQUIN. A higher proportion of women residing in deprived areas stopped smoking after implementation of the CQUIN, thereby contributing towards reducing both maternal and child health inequalities in the local population.

- A CQUIN scheme for implementation of the *Saving Babies Lives* care bundle was contracted with Chesterfield Royal Hospital NHS Foundation Trust in 2016/17. The care bundle includes the reduction of smoking during pregnancy as one of four elements. The service has undertaken CO testing of pregnant women for some time. As part of the CQUIN, all community midwives received up-to-date Baby Clear™ training in order to offer CO testing and brief advice at booking and enhanced training has been delivered to core midwives in antenatal clinic. All women with a positive reading are referred to the Derbyshire smoking cessation service. The proportion of women smoking at the time of delivery has dropped from around 13% in 2015/16 to around 9% in 2016/17.

Derbyshire Stop Smoking Service activity data for pregnant women demonstrates that that more women came through the service in 2016/17 compared with the previous year and the quit rate has improved.

Alongside these initiatives, a multi-pronged smoking in pregnancy pilot project is currently underway in Erewash where rates are higher than average in Derbyshire. The pilot, facilitated through funding allocated by NHS England to support an improvement in this area of the CCG Improvement and Assessment Framework (IAF), has included the CCG working in partnership with Public Health, maternity providers and the Derbyshire Stop Smoking Service. These include:

1) A Champion Midwife role to embed reducing smoking in pregnancy and encourage referrals from midwives to stop smoking provision.

2) A social marketing campaign named 'Love Bump' was launched earlier this year, utilising a behaviour change approach. The campaign includes social media activity via twitter and Facebook, a campaign webpage, PR events, myth busters/factsheets and messages and materials which will be used across Derbyshire, signposting to stop smoking support. The campaign itself targets mums and wider family members to think about stopping smoking and was developed from feedback from local women. Early results show a large number of activity/views of the campaign materials, with local community partners supporting and linking the campaign to their own service delivery.

3) Options for a 'risk perception model' are being developed to pilot a model in Erewash. This is an intensive face to face intervention to engage women who declined any stop smoking support and emphasises the risks of continuing to smoke during pregnancy.

Breastfeeding

The Derbyshire LMS wants to promote and protect breastfeeding as a positive healthy choice for giving a baby the best start in life. Local women have told us they find the support on offer for breastfeeding to be invaluable and life-changing.

The Unicef UK Baby Friendly Initiative (BFI) is a programme based on the Global World Health Organization/UNICEF Baby Friendly Hospital Initiative, offering accreditation against evidence-based standards for maternity services, health visiting, neonatal units and children's centres. Our two maternity services provided by Chesterfield Royal Hospital NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust are each re-accredited as Baby Friendly and Derby NICU is currently seeking accreditation.

In Derby city, Derbyshire Healthcare NHS Foundation Trust – provider of health visiting services – successfully achieved accreditation in 2015 and is due for reaccreditation following assessment in December 2017. Derbyshire Community Health Service NHS Foundation Trust – who also provide health visiting services and the breastfeeding peer support service in Derbyshire - achieved Level 3 Accreditation in 2014 and were successfully reaccredited in July 2016.

In Derbyshire County, women who are breastfeeding on discharge from hospital – or those who have had a home birth – are supported by a team of UNICEF BFI trained

breastfeeding peer support workers. This service offers a set of core visits including an antenatal contact, contacts on day 2, day 4, day 8, day 16 and 21 post-delivery and additional support is available if it is necessary. It is commissioned and funded by Derbyshire County Council.

Derbyshire Community Health Services NHS Foundation Trust also employs three infant feeding specialists who work to support mothers with complex feeding issues and ensure Health Visitors have the correct training to provide consistent advice and support to mothers

Derby city is supported by a team of three infant feeding advisors who provide early support to breastfeeding women in areas of deprivation within the city. This is usually provided to infants who are only a few days old. In Derbyshire County, all health visitors are UNICEF BFI trained and in addition to the peer support workers, are supported by a team of breastfeeding specialists. There are pathways in place to allow the infant feeding advisors and infant feeding specialists to take referrals from health visitors and provide specialist support to women at home. All breastfeeding women in Derbyshire city and county receive a formal breastfeeding assessment which is repeated.

Derbyshire is proactive in promoting breastfeeding as a social issue - there are an extensive range of constituted breastfeeding groups, clubs and cafes – all of which have access to support from professionals. These provide important social support and advice to breastfeeding women.

Training is delivered to all staff within the health visiting teams who will directly support clients. All new staff are required to attend a 2.5 day training programme on infant feeding and successfully complete clinical assessment around breastfeeding.
The service works closely with the Children's Centres and training is also provided so each locality (county and city) has at least one Breastfeeding Champion.

All mothers are encouraged to offer the first breastfeed in skin contact when the baby shows signs of readiness to feed. Responsive feeding and the early development of a warm and loving relationship is promoted.

Online advice and resources are available to women in Derbyshire – this includes the "Breastfeeding Family Online" website at http://www.breastfeedingderbys.co.uk/ which promotes a whole-family approach to breastfeeding, promotion of feeding in public.

Clinical staff from Derbyshire's two Family Nursing services, provided by Ripplez CIC, attend breastfeeding management training that meets Unicef Baby Friendly standards. Ripplez volunteers also access breastfeeding training alongside other health professionals. In the ante-natal period, infant feeding is discussed in a way that ensures that women are able to make an informed choice. The Ripplez community parent programme in Derby runs several coffee mornings for expectant and new mothers where breastfeeding is welcome.

In the post-natal period all clients are supported to establish and continue breastfeeding. For instance the FNP and Family First programmes, underpinned by attachment theory, enable responsive, nurturing parenting and appropriate responses to infant cues. In Derbyshire, these new mothers are also supported by the breastfeeding peer support service.

In Derbyshire, the County Council runs The Breastfeeding Welcome Here Award – currently, over 220 businesses or organisations across Derbyshire have signed up to pledge that their business premises supports and welcomes mothers to breastfeed..

Emotional wellbeing

All staff involved in maternity care need emotional awareness in order to deliver care with sensitivity. Mother's emotional wellbeing and mental health is assessed dynamically throughout pregnancy birth and the early postnatal days by midwives and Health Visitors.

In the south of the county midwives undertake a Mental Health and Wellbeing survey at the "Booking" appointment and at 26 – 30 weeks gestation. They also ask the Whooley questions at each antenatal appointment.

Derbyshire has a three-tier service configuration for supporting emotional wellbeing and mental health needs during the perinatal period. After screening and initial support from the woman's midwife and/or Health Visitor, alongside support from primary care, referrals for mild to moderate illness (or risk thereof) can be made to the Derbyshire Perinatal Support Service delivered by a voluntary organisation: Family Action. This is an early intervention, low intensity service commissioned by Local Authorities.

In the north of the county, midwives refer any women at risk of mental illness which is exacerbated by pregnancy. The perinatal link midwife currently attends the weekly multidisciplinary perinatal mental health meeting and advocates for women and midwives needs.The specialist Community Perinatal Mental Health Service exists to support severe needs, such as serious mental illness (for example, bipolar disorder or schizophrenia), a previous history of puerperal psychosis of severe postnatal depression or women who have previously been admitted to an inpatient unit.

Chesterfield Royal hospital offers a birth debriefing service for women who wish to discuss and review the events in their pregnancy and birth experience with a senior midwife. There is a vision to develop this service further in the future offering women access to a birth trauma resolution practitioner.

There are excellent links with maternity services across the LMS, with link midwives to the two Community Mental Health Teams and a joint antenatal clinic being piloted in the South with the aim of extending the provision footprint-wide, subject to the award of transformational funding under the Perinatal Mental Health Community Services Development Fund. The service has membership of the Royal College of Psychiatrists Quality Network for Perinatal Mental Health with clear care pathways and standards. It undertakes a yearly peer review (accreditation every three years) where opinions are sought from multi-agencies, women and partners accessing the service and offers a training package for midwives with regards to the care pathways, risks, illnesses and treatments. Currently, the service in the south is more developed than the services in the north of the county and this is where further investment in resourcing an equitable offer is required.

Vulnerabilities

A Family Nurse Partnership (FNP) service is offered across the LMS, provided in both Derbyshire and Derby City by Ripplez CIC. FNP provides intense support and guidance to vulnerable young parents to enable them to make healthy choices so that they can provide a positive future for themselves and their families. The programme commences in pregnancy and continues until the child is 2yrs old. Their programmes are designed to also offer advice and signposting about pregnancy, child development, healthcare, relationships, educational support, employability and financial issues.

In Derbyshire this service has recently been re-commissioned and will be reshaped as a Family Nursing Service to commence October 2017, featuring a Family Nurse Partnership service team for those aged 17 and under and a Family First programme, a more flexible contact programme, for those aged 24 and under which will focus on vulnerable families.

In Derby city Ripplez CIC provides the Family First model, FNP and the Derby Community Parent project, a volunteer peer mentoring programme, as part of an Integrated Public Health model to women with vulnerabilities.

Ripplez CIC also provides the Pause programme in Derby city, which works with women who have experienced, or are at risk of repeat removals of children from their care. The programme gives women the chance to pause and take control of their lives, breaking a destructive cycle that causes both them and their children deep trauma. Its primary focus is to prevent damage to those children. Pause gives women the opportunity to develop new skills and responses that can help them create a more positive future. Pause provides an intense programme of therapeutic, practical and behavioural support through an integrated model. Each woman has an individual programme designed around their needs looking at the various elements of their system.

Substance misuse

Specialist Midwifery service for drugs and alcohol has been available to women in our LMS area for over 10 years and is enhanced in some areas through a multi-disciplinary team approach and an Associate Specialist in Substance Misuse.

Any woman with a history of drug or alcohol problems is able to access these specialist services which are receiving an increasing number of referrals for women who are on prescriptions for many medications which may cause neonatal abstinence syndrome - specifically opiate analgesia and psychotropic medications.

All women who are referred to these specialist services have a person centred assessment in order that an appropriate care plan can be developed to ensure optimum outcome for mother and baby.

Obesity and maintaining a healthy weight

Livewell currently offers:

- Pre & Post-natal exercise classes (class and pool based)
- Specific lifestyle advice for pregnant women (4 advisors trained to support pregnant women and lifestyle (exercise and diet specifically)
- Support with and for community midwife team.

Chesterfield Royal Hospital NHS Foundation Trust midwifery team offers Slimming World vouchers to pregnant women, not to encourage weight loss, but to support women in eating a healthy diet and remaining physically active and preventing excess weight gain during pregnancy.

Service improvement

Maternity services in Derbyshire are also engaged in a number of key initiatives to support improvements in the quality and safety of care they deliver, including:

National Maternal and Neonatal Safety Collaborative

The collaborative is a commitment to work together to support 44 communities of practice around all LMS, with an objective to "improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high quality healthcare experience for all women, babies and families across maternity care settings in England".

Service providers will come together as a national learning set, taking this practice out to their LMS for local system improvement. Derby Teaching Hospitals NHS Foundation Trust was successful in wave 1, with Chesterfield Royal Hospital NHS Foundation Trust accepted as part of wave 2. Teams will receive support from the national team, including access to tailored resources and networks and improvement and capability development.

Saving Babies Lives Care Bundle

A number of initiatives have been fully implemented by Chesterfield Royal Hospital NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust. Both providers are working with colleagues in the East Midlands Maternity Clinical Network and the Perinatal Institute to fully implement the care bundle elements.

Our Five Year Priorities

How we developed our priorities

Engagement and co-production with women, families and staff

The LMS worked with communications and engagement specialists within the Clinical Commissioning Groups (CCGs) to design a targeted engagement exercise to gather the views of service users and staff on the priority action areas over the next five years – as identified in our draft plan – and to establish what is important to people and how their experience could be improved.

Phase 1: Drafting our plan (14th-24th October, 2017)

- Questionnaire – on-line survey open to mothers, family members and staff involved in the delivery of maternity care (see Appendix C)

- Outreach Sessions – a series of outreach sessions took place across the STP footprint using but not constrained by an interview form (see Appendix D) to collect information about what is important to local women and families

The engagement was publicised in the following ways:

- CCG Websites
- MSLC website, Facebook pages and membership directories
- Twitter and Facebook – targeting nurseries and community groups
- Email requesting to circulate among networks:
    - LMS partner representatives
    - NHS providers of midwifery services
    - GP Practices
    - CCG Patient Groups and PPGs (Patient Participation Groups)
    - CCG staff members

In total, we heard from around 200 people and we are delighted that around 50 women provided their details to hear more about our maternity transformation programme! We will ensure they are included in our discussions around the development of a Maternity Voices Partnership (MVP).

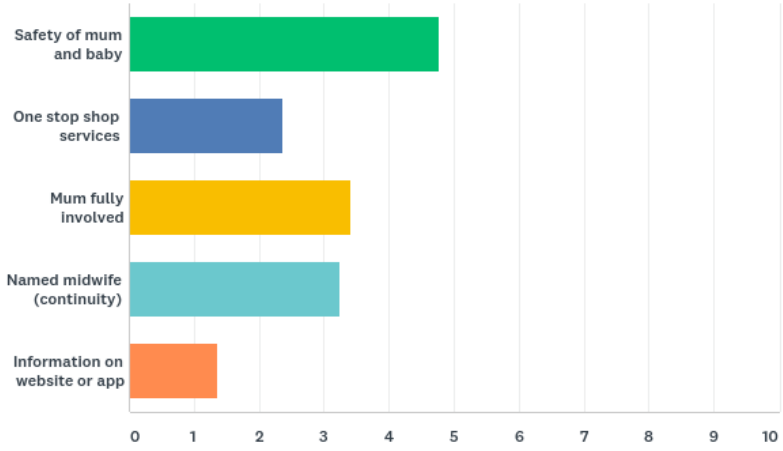
The following pages summarise what women, family members and staff told us during the engagement exercise, which relates to the ideas we shared about our draft Transformation Plan and has helped to shape our priorities and how we will take them forward.

What is most important to women and their families?

Our online questionnaire tested five key objectives from our plan, chosen and simplified to ensure they were meaningful to the public and manageable on a 1-5 rating scale. We felt this would support the LMS in understanding what was important to women and their families, from an array of priorities and actions.

The following bar chart shows the level of prioritisation between these items, with the largest bars representing the most frequently chosen and highest priorities. We have abbreviated the options so that they are easier to read on the chart.

Q1 Please put these in order of importance, 1 being the most important and 5 being the least important (use each rating once)



Safety: 85% of respondents identified the safety of the mum and her baby as their first priority (green bar) and this is a leading area of our plan.

Mum being fully involved in planning her care (including **choice of birth place** and **access to records** – yellow bar) and being given a **named midwife** who provides **continuity of care** all the way through pregnancy and birth (turquoise bar): these were ranked second and third and these are both areas which we have given significant focus.

Community Hubs: We were interested to see that the delivery of antenatal and postnatal care in a **one stop shop setting** in the local community – the basis of our **Community Hubs** model – was not highly prioritised. 96 people chose this as their third or fourth priority, indicating some level of interest (against 19 who chose it as their fifth and lowest priority), so we will continue to pursue this as part of Derbyshire's existing plans for place-based service delivery. We were also surprised to learn that women did not feel that **e-access to their records** was vital to their care, although digital health and care takes a wider role in our plan.

Is there anything missing?

Our second question asked women and families if there was anything missing from the list which they would like to add about their care that is important to them. Only a subset (35%) of respondents gave an answer to this question, which gives us confidence that our plan is tackling the correct areas. The responses identified four main themes, which we have prioritised in order of how many times they were mentioned:

1. **Postnatal care** (in particular, support for **breastfeeding** and **mental health**)
2. **24-hour access to advice**

3a. **Involvement of the woman's partner**

3b. **Good information**

Other comments mentioned choice, availability and regularity of services and records sharing between hospitals.

From this feedback, we got a sense of needing to strengthen our offer of postnatal care, with enough contact and appropriate signposting or onward referral when problems arise. Women would clearly value around-the-clock access to advice and support, which aligns with our intention to develop a single point of access (SPOA) which acts as the coordination point for care.

What are experiences like in our area?

To complement these questions, we also asked open questions about a positive and a negative experience and what, in the respondent's view, could be improved. We felt this would help us to identify any local issues and provide evidence of what good practice exists in Derbyshire as a foundation to be built upon. This was mirrored in the face-to-face part of our engagement exercise, where women were asked to describe what of their experience was good and what could have been made even better (see Appendix D for the interview proforma).

The format of the questionnaire was such that questions asking about positive and negative experiences appeared in sequence which suggested that, unless they chose to ignore a question, respondents were being asked to supply an answer to both questions; therefore, we recognise that respondents might have felt they needed to balance their feedback on both counts. With this in mind, it is encouraging that we received over 100 pieces of feedback on positive experiences and fewer (92) for negative experiences.

Positive experiences of maternity care in Derbyshire

The positive experiences were very complimentary of staff teams. We are proud that over a third of comments featured the words “excellent”, “outstanding”, “amazing”, “wonderful” and “fantastic” to describe the care received and the professionals delivering that care. Very often, comments showed the woman’s appreciation and praise for an individual midwife. Where it is possible to trace this back to the provider of care and the name of the midwife is given, this feedback will be shared to support professional development.

The wordcloud above demonstrates the most popular words used and, from the full feedback, we identified five main themes. Together, these demonstrate which behaviours and factors of care are most valued and which ought to be maintained in the care delivered across our LMS.

1. **The midwife's manner and approach towards me and my family**

Overwhelmingly, feedback focused on the manner and approach of the maternity team. The vast majority of comments highlighted how **supportive** the midwife had been and the way she/he had acted with **care**, **kindness** and **reassurance**. Many times the midwife was praised for their **friendly**, **helpful** manner.

2. **Continuity of the person caring for me**

It was evident that having the same midwife throughout the antenatal period (and sometimes into the birth) was valued.

3. **Feeling informed and my wishes being heard and respected**

Also apparent was the importance of being informed, both from the point of view of being able to make informed choices and having an understanding of what is happening along the maternity pathway, for example, for first-time mothers. It was clear that women valued being listened to and their choices being respected, such as being involved in developing their birth plan and being able to follow it on the day.

4. **Competency of the people caring for me**

In-keeping with the way women rated our plan objectives on a 1-5 scale, the final theme which emerged was competency of the maternity team, leading to a safe birth. Women praised experienced, knowledgeable and capable staff that were responsive and gave a feeling of confidence in their care.

Other factors which women identified

These revolved around easy access to care which was delivered locally or in the home and the ability to contact someone with concerns, including out of hours. Access to breastfeeding support featured in four responses.

Our analysis of the evidence base

A wealth of statistical data exists about our population, their risks and outcomes, some of which is summarised from page 20. We have taken these headlines and considered what they tell us about our LMS, to support us to develop our priority areas for action and to combine with the qualitative feedback we have received from the people who use our services (see previous section).

A declining birth rate

The proportion of childbearing women in our LMS is generally lower than it is nationwide. This is likely to lead to fewer births in our area, compared to other LMS of a similar population size. The total number of childbearing women in our LMS is also not expected to increase by more than 1% over the next decade. Nationally, the population aged 65 and over is projected to grow at the fastest rate compared with other age groups and this may explain why our population of childbearing women is set to increase by a smaller margin against the Derbyshire population as a whole. At most, there were 11,250 babies born to the Derbyshire LMS in 2015. Births have been rising in Derbyshire (and nationwide), although this is beginning to tail off. There were around 200 fewer babies born in the financial year 2016/17 compared to 2015/16. From this we conclude that the LMS does not need to plan for a rise in activity and, therefore, a rise in expenditure under National Tariff.

Rising complexities at birth

While fewer births are taking place, as a proportion of total babies born caesarean deliveries have increased and the complexities women face are probably increasing alongside. So, while the number of births in Derbyshire may decrease over the lifetime of our plan, the type of care that women require will continue to require additional resources. We have committed to thinking differently about models of care so we can sustain high quality, safe services against these challenges.

Diverse communities

On the surface, our LMS population is predominantly white British, although drilling down to locality level demonstrates there are indeed pockets of diversity and we must take care to understand the specific needs of families in these communities. While our birth profile indicates that women in Derbyshire tend to give birth a few years earlier than the national average, our birth rate to women under the age of 20 is higher. These facts will require our attention to ensure we deliver woman-focused care, personalised around their individual circumstances, vulnerabilities and needs.

Risk factors

A number of factors influence a healthy pregnancy and positive birth outcome and there are many ways of measuring these. As a start, it is a real positive that our LMS rates of mental illness are lower than the national average. The uptake of protective vaccinations such as flu and pertussis (whooping cough) are also higher across our LMS than nationally, although looking at coverage at a local level reveals some areas where it is much lower. Of most concern is our rate of smoking at time of delivery, which has led us to develop a specific action plan in this area. A greater proportion of women are still smoking at the time of giving birth in our LMS than nationally and this varies considerably by CCG area, with the highest rate as much as six percentage points from the national average. We are committed to changing this, reducing rates and reducing the risks to healthy pregnancy.

Mortality

Encouragingly, the rate of stillbirth across our LMS is lower than the national average but breaking this down to locality level reveals variation and there is a link to deprivation, with the highest rates in the most deprived areas. We will strive to reduce our rate further and focus on neonatal death which is higher than the national rate and follows a similar pattern around deprivation. We have clear commitments to deliver safer services to make a measurable reduction in these rates.

Finally, it is a testament to our services that our rates of normal and caesarean births and the proportion of babies born at term with a low or very low birth weight are very close to the national average; however, this will not prevent us from looking at these areas to ensure we continue to aim for better outcomes.

How we will deliver on our priorities

We have identified eight key priority areas for transformation:

- Safety
- Information and involvement
- Choice
- Continuity
- Place-based care
- Health and wellbeing
- Postnatal care
- Digital technology

The work in these areas will be led by three Delivery Groups:

- Safe and Effective Care
- Choice and Personalisation
- Health and Wellbeing

The transformation will be enabled by:

- Commissioning
- Finance
- Workforce
- Local Digital Roadmap

The following pages explain this in further detail.

Priority 1: Safety	**Board Sub-Group:** Safe and Effective Care **Chair:** Jane Haslam, Head of Midwifery, Derby Teaching Hospitals NHS Foundation Trust	**Addressing *Better Births* Recommendations:** 3. Safer care 5. Multi-professional working 6. Working across boundaries

Description

This workstream will strive to ensure that all women receive high quality, safe and responsive maternity care throughout their pregnancy, birth and the postnatal period. We believe that to achieve the best outcomes, all services must be delivered to meet established clinical standards, to ensure that babies and women have safe and effective care in all settings and throughout all pathways of care. The aim of all births is a healthy mum and healthy baby. Good and complete reporting and regular audit will help to ensure these standards are maintained. Safety will be maintained and improved by:

- A Derbyshire-wide programme of reviewing current evidence based guidance, with a view to developing shared clinical pathways and protocols.
- Introduction of the 'New-born Thermal Care Safety Bundle' for all new-born babies in Derbyshire with a standardised risk assessment for all babies following birth will reduce the number of avoidable admissions of term babies to Neonatal Intensive Care Units.
- A Derbyshire-wide action plan to review clinical care guidelines and adopt nationally recommended tools to assess babies at risk of becoming unwell due to Jaundice, low blood glucose, sepsis, breathing problems and poor feeding.
- Compliance with the National 'Saving Babies Lives Care Bundle' which will support the ambition to reduce avoidable stillbirths, neonatal deaths and neonatal brain injury by 2020 and standardising the process for joint review of all stillbirths and neonatal deaths to include peer review processes.
- A Derbyshire-wide safety plan across all Maternity Care providers, creating opportunities for system wide learning and sharing.
- Reviewing procedures for reporting and investigating incidents and standardise the investigation process when things go wrong in Derbyshire.
- All providers engaging with the Maternal and Neonatal Health Safety Collaborative and sharing learning across the LMS.
- Exploring the feasibility of a centralised investigation team for all serious incidents related to Maternity care in Derbyshire to ensure continued improvement and learning across the system to prevent recurrence of harm.
- Developing a programme of multi-professional/cross organisational training both in routine situations and in emergencies for all staff involved in the provision of Maternity Care.
- Increasing training opportunities for shared learning and reflection across the Local Maternity System through the development of a shared learning group.
- Implementation of a new model of Midwifery Supervision, based on the AEQUIP model, which supports a continuous improvement process and aims to build personal and professional resilience of Midwives and therefore enhance the quality of care for women and babies.
- Development of clear transfer, referral and rapid referral protocols, so that it is clear what happens when a woman and / or her baby needs to change pathway and / or receives care from another service or provider (including mental health and specialist services outside the LMS)

Key assumptions	Enabling requirements and interdependencies
• A trained and motivated workforce which embraces the need to work differently • A sharing and learning culture within teams and across the LMS • Staffing levels and midwifery caseload sizes meet national standards for safety • Adequate resource to support additional work and new approaches through care bundles and national initiatives	• Derbyshire –wide Maternity Clinical Quality dashboard that will be reviewed through the Derbyshire wide Maternity Quality Review Group • STP Workforce enabler workstream and workforce modelling between programmes • Interdependency with the Choice and Personalisation Delivery Group to support the collaborative implementation of safety plans and sharing of learning across the network of Community Hubs and their teams
	Resource requirements (people and investment) • Workforce modelling to ensure services have the right workforce to deliver safer care

How will we know things are different?

- Reduction in the number of avoidable admissions of term babies to Neonatal Intensive Care Units
- Reduction in number of avoidable stillbirths, neonatal deaths and neonatal brain injury
- Maternity clinical dashboard [monthly report]
- East Midland Clinical Network maternity dashboard [benchmarking data]
- National maternity statistics [benchmarking data]
- National maternity Picker survey responses to cleanliness of environment are positive
- Women report that they felt their care was safe, that they were in “safe hands” and that their baby was delivered safely [via Patient Safety Thermometer]

Priority 2: Information and involvement	**Board Sub-Group:** Choice and Personalisation **Chair:** Linda Gustard, Head of Midwifery, Chesterfield Royal Hospital NHS Foundation Trust	**Addressing *Better Births* Recommendations:** 1. Personalised care

Description

The aim of this workstream is to ensure women receive care that is personal to their needs, where professionals work together with them to plan and deliver care throughout pregnancy, birth and after the baby is born. Every woman will have a personalised care plan for antenatal and postnatal care, provided through Community Hubs where appropriate. Women and their partners will have their wishes listened to sensitively and will be treated with kindness, respect and dignity at all times.

Communication and information will be appropriate, relevant, clear, consistent, easy to understand and be in a format that is useful to the women receiving it, including being available in different languages and to meet particular needs. Professionals and workers will follow a woman's individual pregnancy and birth plan at all times and fully involve the woman and her partner in decisions and changes that may be necessary to this plan, if circumstances change.

This will mean:

- There is a consistent approach from all professionals towards listening to the views, feelings and wishes of women and their families and articulating them into an integrated care plan
- Personalised maternity care plans will consider the mother's emotional wellbeing and any additional needs
- Women will have regular contact with their named midwife in order to form an effective relationship and gain confidence that she/he understands their personal circumstances and receives a level of sensitive support that helps them to get any extra help they need
- Maternity professionals and workers will recognise and respect the individual needs and wishes of women and their families
- Women will have access to a digital version of their personalised care plan which is complemented by verified and quality assured, localised and personalised information and signposting to additional support
- Antenatal and postnatal care will take place in locations and at times that enable women and their partners to attend appointments so that no important milestone appointments are missed and there is fast and effective referral to the right specialist services

Key assumptions	**Enabling requirements and interdependencies**
• Teams are ready to embrace working in a truly person-centred way, to develop personalised care planning • Women are receptive to having collaborative discussion with their midwife to develop a personalised care plan and share their wishes and views about their care, rather than having their care	• MVP to support the creation of appropriate audit tools to assess the level of involvement by women and families in their care and a culture of professionals to inform and involve • Digital technology to support e-health records and moving away from a paper handheld maternity record, with the ability to host supporting information

decided for them • Most women would prefer to access their personalised care plan and supporting information in digital format such as via an app, rather than in paper format	**Resource requirements (people and investment)** • Investment in apps and information systems which will enable a digital version of the handheld maternity record

How will we know things are different?

- Women report having been asked for their views, feelings, wishes and requirements in relation to a “personalised care plan” and that they received one which represented what they said
- Women report having access to a digital version of their handheld maternity record, which carries their personalised care plan
- Women report having access to additional information to support their pregnancy journey, including information for the postnatal period on parenthood and
- The use of cultural barometer tools will be introduced to help organisations within the Local Maternity System gauge the culture of care they provide. It will support those organisations to understand the culture within their organisation, multidisciplinary teams and groups by encouraging discussion and reflection
- In annual local surveys all women will report having a personalised antenatal and postnatal care plan built on the decisions and choices they have made through discussion with their Midwife/Obstetrician
- There will be fewer complaints where women feel their care was not personalised around them or was not delivered with the values we expect

Priority 3: Choice	**Board Sub-Group:** Choice and Personalisation **Chair:** Linda Gustard, Head of Midwifery, Chesterfield Royal Hospital NHS Foundation Trust	**Addressing *Better Births* Recommendations:** 1. Personalised care 6. Working across boundaries

Description

This workstream will develop a Derbyshire Maternity Choice Offer, which women and their partners will access through a single point of contact. This will require the development of a "single point of access" (SPOA) for Derbyshire maternity services which:

- starts the woman's maternity record, including access to a personalised app or web tool
- provides entry to a Community Hub of her choice and which will meet her needs
- arrangement of a booking appointment
- an unbiased "information prescription"

Community Hubs will facilitate access to a birthplace of the woman's choosing and our ambition is that women who are booked for midwifery-led care who labour spontaneously at term, will be assessed in the home by a midwife and offered the option to remain at home for the birth rather than transfer into hospital. Services and staff will be flexible to achieve a balance between safe and appropriate care recognising the woman's opportunities to express her preferences. Women will be supported to have as positive a birth experience as possible, regardless of the type of birth.

Key assumptions

- There is sufficient capacity and choice of environments for all women to use a birthplace of their choosing and enough staff capacity and flexibility to ensure access to first choice
- Organisational boundaries do not restrict choices within and between Local Maternity Systems

Enabling requirements and interdependencies

- Single point of access function, linked into existing mechanisms
- IT infrastructure and systems capability for a single interoperable maternity record/information system
- Agreed protocols with neighbouring Local Maternity Systems
- Clear pathways to obstetric care for midwifery led options
- Review of choices, wishes and service gaps to enable full choice
- Pathway development around birthplace options

Resource requirements (people and investment)

- A flexible workforce with the capacity and capability to support the offer of home birth in labour and ensuring continuity and adequate cover for other women
- Adequate capacity across disciplines to scope and design services
- MVP involvement to help define our choice offer
- Investment in a single point of access function for Derbyshire

How will we know things are different?

- All women will access maternity care via a single point of contact for Derbyshire
- Women will have access to three types of birthplace - home birth, midwifery led unit birth and hospital birth
- There will be an increase in the proportion of women choosing a home birth following assessment by the midwife when in labour [monitored via the maternity clinical dashboard]
- Water birth will be widely available and women report they were able to have a water birth when they requested one
- CQC National Maternity Survey responses positively indicate women in Derbyshire receive support for choice [B4, B6, B7, C4-6]
- Women and their partners report that they understood all the choices available to them, including where they could receive antenatal/postnatal care and all of their options for type and place of birth so that they could make informed choices
- Women report that they feel involved and empowered in their choices and that all staff respect these choices
- Systems are in place to support pregnant women to access antenatal care without delay, ideally by 10 weeks 0 days and those pregnant women can have regular check-ups from their midwife or doctor throughout their pregnancy (antenatal care). Increase in the number of women who have seen their midwife by 10 weeks 0 days [monitored via the Derbyshire Maternity Clinical Dashboard]
- Increase in the number of women being scanned by 12 weeks of pregnancy [monitored via the Derbyshire Maternity Clinical Dashboard]

Priority 4: Continuity	**Board Sub-Group:** Choice and Personalisation **Chair:** Linda Gustard, Head of Midwifery, Chesterfield Royal Hospital NHS Foundation Trust	**Addressing *Better Births* Recommendations:** 2. Continuity of Carer

Description

Continuity through pregnancy, birth and into the postnatal period is well received by women and produces very positive outcomes for the most vulnerable. This workstream will ensure the system is transformed so that every woman feels that each stage of her care is coordinated, consistent and provided by one named midwife or a small group of midwives (buddy system), focused upon ensuring continuity of carer during the antenatal and postnatal care periods. Women will feel confident in all aspects of their care and we will minimise how often they are required to repeat information to different professionals.

To achieve this, we will ensure that

- women have a named midwife who works as part of a small team and can be accessed via the woman's identified Community Hub
- women will have regular contact with her or him and feel confident that they are coordinating all their care and support, throughout pregnancy and after the baby is born.
- different models or pathways of care will remain in place to meet specific needs or medical conditions ensuring that the relationship and continuity between these and core maternity services are clear and maintained.
- when specialist care is needed, for women with existing medical conditions, for example, the named midwife will coordinate the overall care plan and work with members of the specialist team, who will also be consistent and known to the woman

We will explore and process map sustainable models of midwifery care that offer women continuity of carer throughout the maternity pathway and pilot the most suitable model (s) for the workforce across Derbyshire, recognising the benefit for our most vulnerable groups. This will include consideration of the New Zealand model of care and the potential to rollout similar models across Derbyshire.

Key assumptions	**Enabling requirements and interdependencies**
• The midwifery workforce is open to changing the way midwifery care has traditionally been provided and in piloting new ways of working, to support a phased approach to achieving continuity • Shift patterns can be altered to support continuity while women are attending the midwifery-led unit or hospital ward	• Workforce analysis which maps capacity and skills and considers how to more effectively manage staffing to enable continuity in a variety of ways • Interdependencies with

	Resource requirements (people and investment) • Full workforce analysis to determine the feasibility of different models of care and the implications of moving towards continuity of carer in various forms/for various groups • Working differently across the system, with reprofiling of the workforce and potential recruitment requirements, changes to shift patterns and styles of caseload or team working

How will we know things are different?

- Improved maternal and birth outcomes are achieved for women who received continuity of the person caring for them, to be developed through appropriate evaluation of care through outcome measures and quality of life tools
- More women will report that they received a positive experience of care and having continuity of the person caring for them positively impacted on this
- Records audit will clearly show how, for each women for whom continuity of carer was available, a named midwife is available on her records and she saw this midwife for at least two thirds of her contacts, with a named “buddy midwife” in place for all other contacts

Priority 5: Place based care	**Board Sub-Group:** Choice and Personalisation **Chair:** Linda Gustard, Head of Midwifery, Chesterfield Royal Hospital NHS Foundation Trust	**Addressing *Better Births* Recommendations:** 1. Personalised care 6. Working across boundaries

Description

This workstream will develop the system so that all women will receive maternity care close to home and which is personal to their needs, with access to support and advice around the clock.

We will design a "Community Hubs" model which provides each woman with a choice of local provision and which is integrated into the development of place-based care in Derbyshire. Services will be organised in small teams of four to six midwives, with an aligned obstetrician, operating from a network of Community Hubs which will:

- Work at an area level, serving several of Derbyshire's 21 recognised communities ("places" which each have a population of approx. 50,000 people)
- Offer a 'one stop shop' providing antenatal and postnatal care with easy access to other health, social and welfare support
- Offer support, advice, care and treatment based on the needs of families in the area, such as perinatal mental health services and peer support
- Provide a point of contact 24 hours a day
- Be co-located or linked into other family support and facilities, such as new baby clinics, Children's Centres and nurseries

Key assumptions

- Derbyshire will develop its plans using a shared understanding of Community Hubs which has been co-produced with service users
- Premises exist to support a network of Hubs in places where they would be best-placed to benefit local people and which have clinical space of appropriate size and ease of access

Enabling requirements and interdependencies

- Development of a single maternity record and information system
- Community Hubs are aligned to the 21 recognised communities (places)
- Interdependencies include 0-19 public health nursing, GPs, perinatal mental health, early help, social care and the VCS (voluntary and community sector)

Resource requirements (people and investment)

- Estate and setup/maintenance costs for a network of Community Hubs
- Digital infrastructure to support a single interoperable information system
- Workforce development, to staff each Hub based on the community's needs
- Potential recruitment requirements or redeployment of staff
- MVP to support the design and development of an effective Hubs model

How will we know things are different?

Parents will report higher levels of satisfaction with the care they receive during pregnancy, during the birth and in the period immediately after birth:

- The Friends and Family Test results will indicate increased satisfaction across the maternity pathway
- Derbyshire responses to the CQC National Maternity Survey will indicate increased satisfaction in responses relating to personalisation.

Regular audits will benchmark women's experience of community based care e.g.:

- Women and their partners report that they were able to receive the majority of antenatal and postnatal care and support via the Community Hub
- Women will report that they were able to access specialist support and advice via the Community Hub including emotional health and wellbeing support, support with smoking cessation and peer support

Priority 6: Health and wellbeing	**Delivery Group:** Health and wellbeing **Delivery Lead:** Jilla Burgess-Allen, Acting Consultant in Public Health, Derby City Council	**Addressing *Better Births* Recommendations:** 3. Safer care 4. Better postnatal and perinatal mental health care 6. Working across boundaries

Description

The aim of this Delivery Area is to promote the health and wellbeing of women and their families and to reduce health inequalities, with a particular focus on the following areas:

- Vulnerabilities – to ensure that support is available for women with social risk factors when they need it
- Breastfeeding – to help women establish and sustain breastfeeding for as long as they wish to
- Smoking – to reduce the number of women who smoke during their pregnancy and into the postnatal period
- Obesity – to help women to achieve and maintain a healthy diet and levels of physical activity during pregnancy

Key assumptions

- A whole-system, coordinated approach across Derbyshire
- Working towards equality of service provision, so that families are not disadvantaged by where they live
- Engaging with women and families to co-produce plans
- Ensuring best practice, so that the support on offer is evidence-based or, where innovation takes place, that this is robustly evaluated
- Identifying and providing targeted support to those vulnerable groups at greatest risk of poor outcomes
- Taking an asset-based approach that recognises and builds on the strengths and resources families have to address their own health needs

Enabling requirements and interdependencies

- Primary prevention interventions embedded across the footprint
- Community and personal assets, social networks, supportive settings (eg workplaces)
- Joint working with Public Health nursing and educational approaches towards a change in childhood attitudes and behaviours
- 'Prevention' STP programme and the design of Wellness Hubs
- Safe and Effective Care Delivery Group – midwifery practice in teams and their role in lifestyle advice
- Choice and Personalisation Delivery Group – availability of health promotion information for women and their family and in digital formats
- Use of any available innovation or transformation funding
- Electronic referral and feedback mechanisms

Resource requirements (people and investment)

Appropriate investment in improved provision of services which can deliver an equitable offer across the footprint, may require re-profiling of spend to support priority areas.

Dedicated time from clinical staff to support this Public Health-led agenda and an integrated approach to each workstream (e.g. provision of tier of competencies to support women and families breastfeeding: basic support, additional support and specialist support in hospital,

	in the community or in prison). Media and comms resources to support health promotion across STP.

How will we know things are different?

- Women report that they received the help they wanted and needed to improve their health and reduce any risks to them and their baby
- The recommendations of our Health Equity Audit will have been sufficiently addressed, leading to reduction in health inequalities

We will measure success through women's health and wellbeing outcomes as follows:

- An increase in the number of women choosing to initiate breastfeeding and sustaining to six weeks and beyond
- Women will feel welcome to breastfeed in their communities
- A reduction in the number of women smoking at the time of delivery
- An increase in the referral rate to support services for weight management
- An increase in the number of midwives trained in brief advice in weight management and identification of vulnerabilities
- A reduction in the use of the intermediate and intensive tariff for maternity pathways (in particular with obesity or smoking as influencing factors)
- Non-evidence based messages will be challenged and all women will have access to unbiased information around healthy lifestyles
- A reduction on number of babies withdrawn by Social Care
- A reduction in low birth weight babies

Priority 7: Postnatal care	**Board Sub-Group:** Safe and Effective Care *and* Health and Wellbeing **Chair:** Jane Haslam, Head of Midwifery, Derby Teaching Hospitals NHS Foundation Trust *and* Jilla Burgess-Allen, Acting Consultant in Public Health, Derby City Council	**Addressing *Better Births* Recommendations:** 4. Better postnatal and perinatal mental health care

Description

This workstream will give the provision of Postnatal Care a higher priority and ensure that it is no longer the phase of Maternity care that is over looked, under resourced and in receipt of the least favourable ratings by mothers.

We know that effective postnatal care can have a considerable impact upon women's experiences and upon the long-term health of both women and their babies in the context of the increasing complexity of the health of women who become pregnant, more intervention in labour, the high rate of caesarean sections and widespread morbidity. The role of the maternity team in supporting women and recognising the onset of complications and deterioration of emotional wellbeing is vital and we will enable midwives, maternity support workers and student midwives to give women and their families the care that they deserve; care that supports women's choice and their involvement in decision making. It is intention that postnatal care will be a continuation of the care women receive during pregnancy, labour and birth and will involve planning and regularly reviewing the content and timing of care, for individual women and their babies.

We will implement a maternity care pathway that reflects postnatal care planning from pregnancy through to the early days after the birth, led by the woman's own Midwife. All women will have a documented, individualised postnatal care plan that has been developed with her ideally in the antenatal period or as soon as possible after birth. This will include:

- relevant factors from the antenatal, intrapartum and immediate postnatal period
- details of the healthcare professionals involved in her care and that of her baby, including roles and contact details
- plans for the postnatal period including details about adjustment to motherhood, emotional wellbeing and family support structures including how to care for herself and her baby and when to contact her midwife for advice and support
- plans for feeding, including specific advice about either breastfeeding support or formula feeding.
- where postnatal care will take place and how often dependent upon individual need and choice
- comprehensive handover plans to health visitor and GP or other health professionals involved in care prior to pregnancy
- properly resourced, equitable and timely access to perinatal mental health services appropriate to the woman's level of need

Key assumptions	Enabling requirements and interdependencies
• Organisations providing Maternity Care adequately disseminate relevant NICE guidance and that midwives absorb the key recommendations and are clear on what they are meant to be providing. • CCG allocations for perinatal mental health in future years will enable an increase in service coverage and configuration of services so that an adequate, equitable service can be put in place across the footprint	• The provision of maternity care across Community Hubs and interlinks to specialist care is organised to ensure Midwives are able to swiftly identify complications and respond. • Interdependencies to Mental Health, Place, Prevention and Access to Primary Care STP programmes to develop a timely, appropriate and, where necessary, enhanced offer • Local Digital Roadmap – record sharing, e-referral, interoperability, handheld records.
	Resource requirements (people and investment) • Workforce planning and modelling to identify any resource barriers to providing effective postnatal care that includes a focus upon continuity are identified and addressed. • Sufficient resource to develop adequate service coverage for additional needs and consideration of how maternity pathway payments under National Tariff are invested in postnatal care provision

How will we know things are different?

- Evidence of satisfaction in responsiveness to postnatal care elements in national maternity Picker survey
- In annual local surveys all women will report having a personalised postnatal care plan built on the decisions and choices they have made through discussion with their Midwife/Obstetrician
- A higher number will be breastfeeding until the baby is 6 weeks old [Health Visitor Dashboard]
- A lower number of women will be smoking at delivery [Maternity clinical dashboard]
- More women report that their needs were met during the postnatal period and their onward referral to other sources of support or additional services was actioned satisfactorily, with an improvement in their outcomes (where these were agreed)
- All women who require specialist input from perinatal mental health teams were referred and received care in a timely fashion

Priority 8: Digital health and care	**Board Sub-Group:** Safe and Effective Care *and* Health and Wellbeing **Chair:** Jane Haslam, Head of Midwifery, Derby Teaching Hospitals NHS Foundation Trust *and* Jilla Burgess-Allen, Acting Consultant in Public Health, Derby City Council	**Addressing *Better Births* Recommendations:** 1. Personalised care

Description

This priority focuses on the use of digital technology and information systems in supporting the transformation of maternity care in Derbyshire. This straddles the use of technology by services, including system interoperability and electronic information sharing and the use of technology by women to access their pregnancy record, personalised care plan and supporting information, to help them to make informed choices and feel more informed along their pregnancy journey and beyond.

This will involve work in conjunction with Derbyshire's Local Digital Roadmap (LDR) to:

- Publish the Derbyshire Maternity Choice Offer online
- Provide all women with the offer of a digital copy of their maternity record and personalised care plan, replacing their paper handheld record (when they wish), such as via an app and enable customised, localised and personalised additional information to be made available to women
- Put in place a single maternity information system across the LMS which is compliant with the Maternity Services Data Set (MSDS), facilities production of the Quality Dashboard and enables the record-keeping pathway and choice offer to commence when women first make contact with the Single Point of Access (SPOA)
- Enable the single maternity information system to interoperate with other clinical systems, such as those held by GP practices (including out of hours) and the Ambulance Service and ensure it connects to the spine (EPR) and birth registration processes
- Enable electronic referral to appropriate other services, where this would be safe and relevant, including referral to Stop Smoking Services and Perinatal Mental Health services and handover to Health Visitor of Family Nurse and enable electronic communication back to referrers about the outcome of such referrals

Key assumptions

- A single system will be feasible for the LMS, across more than one provider of care
- Record sharing and electronic referral processes will be possible with receiving services across the LMS, with adaptation of their digital functionality in-line with developments in maternity services

Enabling requirements and interdependencies

- This will be a theme across all Delivery Groups within the LMS
- Interdependencies with Derbyshire's Local Digital Roadmap and STP Place and Prevention workstreams in particular, to support digital elements of place-based care

	Resource requirements (people and investment) • Investment in appropriate hardware, including tablet computers of smartphones and an accompanying network which allows remote working and connects Community Hubs • Investment in comprehensive information systems to replace paper-based systems and enable records to be shared with women via apps • Workforce training development to change practice and process to paperlite working

How will we know things are different?

- Women will report having access to a digital version of their handheld maternity record, which carries information to support them that was tailored to them and enabled them to access their personalised care plan
- Maternity care across Derbyshire, regardless of commissioned provider, operates a single maternity information system and consistent maternity care record
- Referrals to other services, support and handover to Health Visitor and Family Nurse takes place electronically
- Midwives report being able to update themselves on the progress of referrals they have made to external agencies, to support them to incorporate this information into their next contact with the woman
- The SPOA is able to identify the woman and her basic record, start her maternity care record and support her to access a Community Hub of her choosing with direct booking for her first contact with her named midwife [Audit]
- All maternity services providers are able to return the full MSDS [National reporting]
- All maternity services are able to provide the full Quality Dashboard via direct reporting from the single system [Quality Review Group]

Governance of our programme

The priorities set out in this plan have been developed into a detailed action plan which sits separately to this document. Collectively, these are the plans for our Maternity Transformation Programme, which is one of the programmes of work within *Joined Up Care Derbyshire*, our STP.

The LMS brings together, in a virtual sense, all of the partner organisations and stakeholders which are involved in maternity and neonatal care across Derbyshire. A list of these partner organisations is shown in Appendix B.

It is important to recognise that these organisations, many of them statutory bodies with legal duties to carry out within the health and care system, will continue to have their own structures, governance and objectives. This plan brings together the collective priorities of these partners through an agreed approach which will evolve over time and be responsive the changing needs of our population, new guidance and standards, developments in science and research and new evidence.

Our LMS is represented at a senior level by a Maternity Transformation Programme Board, with members from all partner organisations. It will oversee the delivery of our plan and a Senior Responsible Officer (SRO) represents the LMS and the maternity transformation programme within the wider STP.

Our Programme Board reports to the STP Provider Alliance Group, a senior forum with responsibility for planning and strategy, operational performance and organisation form within our STP, which is accountable to the STP Board.

Our maternity transformation programme is led by a Programme Manager, who is responsible for day-to-day leadership of the programme and coordinates the work of the three programme Delivery Leads. Each Lead chairs a Delivery Group, made up of members from LMS partner organisations and which is responsible for detailed planning and implementing actions in a particular work area, taking forward one or more of our priorities (from page 38).

Each Delivery Group reports on progress to the Maternity Transformation Programme Board on a monthly basis and will have a number of important links to other STP programmes (see also Interdependencies on the following page).

A diagram of the relationship between the LMS, its Programme Board and the wider STP is shown in Appendix A.

Interdependencies

LMS Delivery Group	Maternity Transformation Plan Priority		Workstream	STP Programme: Access to Primary Care	Urgent Care	Planned Care	Place	Cancer	Mental Health	Prevention	Children's	Maternity	LD
Safe and Effective Care	1	Safety	Plans to improve safety		■		■					■	■
	1	Safety	Standards and guidelines		■							■	■
	1	Safety	Multi-professional, multi-agency training		■		■		■		■	■	■
	1	Safety	Investigating, reviewing & learning from SIs		■				■			■	
	1	Safety	Safety culture									■	
	1	Safety	Perinatal mental health						■			■	■
	1	Safety	Neonatal care		■						■	■	
	1	Safety	Flexible workforce				■					■	
	7	Postnatal care	Safe and resourced postnatal care									■	
	8	Digital health and care	Records sharing		■		■		■	■	■	■	■
Choice and Personalisation	2	Information and involvement	Unbiased information				■		■	■	■	■	■
	2	Information and involvement	Personalised care planning				■		■	■	■	■	■
	3	Choice	Choice offer				■					■	■
	3	Choice	Single point of access									■	■
	4	Continuity	Continuity of carer									■	■
	5	Place based care	Community Hubs				■				■	■	■
	8	Digital health and care	Digital handheld record		■						■	■	■
	8	Digital health and care	Records sharing		■						■	■	
Health and Wellbeing	6	Health and wellbeing	Breastfeeding				■			■	■	■	
	6	Health and wellbeing	Smoking				■			■	■	■	
	6	Health and wellbeing	Obesity				■			■		■	
	6	Health and wellbeing	Vulnerabilities	■			■			■	■	■	■
	7	Postnatal care	Enhanced postnatal care	■			■			■		■	

Our communication and engagement strategy

Principle

The principle of our communication and engagement strategy is to have the Derbyshire Maternity Voices Partnership (Derbyshire MVP) at the heart of the transformation of maternity services. Co-design and co-production will be the framework of the MVP. Its collective role will be that of guide and critical friend, providing insight by listening to and communicating with the wider Derbyshire public and sharing these views to the Maternity Transformation Programme Board and contributing to the work of the Delivery Groups. The MVP Chair will be a member of the Board; will be a part of the decision making process and will hold the Board to account ensuring that the changes to maternity services will benefit the lives of mothers, parents and families.

Our purpose

Our purpose is to create a lasting ethos of greater collaboration as much as it is about system design and it will require a cultural shift in many communities, organisations, and also for professionals working within the system.

Key to our local transformation is honesty about what we are doing right and what we are not getting right in order that the changes offer real improvement to Derbyshire families. We have already involved women and their families in identifying our Five Year Priorities, and their feedback has shown that the priorities we have identified are the right ones. We now want to go further and develop an integrated way of working, empowering women and their families to be jointly involved in influencing the decisions throughout the transformation.

In maternity and neonatal care, it is intended that integrated team care will, over time, take place in local community 'hubs'. These hubs would be local care settings for a range of services, designed around the needs of the women and their families; enabling smooth transition to children's services and access to early help and intervention where needed. In order for the 'hubs' to succeed we need to work in partnership with our families and communities. The Derbyshire MVP will be the mechanism to ensure this happens.

What's the plan?

a) Who will be involved?

The Derbyshire MVP will need a core membership of around 15 - 20 key members with a chair and vice-chair nominated by the membership. In terms of the wider membership, the number is endless and can involve any combination of those people who prefer to remain virtual members, members who get involved at specific times or in relation to specific topics. Terms of reference will be agreed at the initial stages of the MVP and will be determined by the Partnership. Local Healthwatch have agreed to assist in the setting up of the MVP with the intention to have it fully operating by April 2018.
Over 40 women and families have already expressed an interest in being a part of the MVP made up of people who took part in sharing their views about the Five Year Priorities, those women already engaged with the MSLCs and women who have never been involved in health partnerships before.

It is of course imperative that this includes a diverse range of service-users representative of the local community as well as disadvantaged and marginalised group representatives. We have made a good start in speaking to local mother and baby groups, community leaders and minority and disability groups across Derbyshire about the MVP and linked with provider PPI groups and Health Visitor led sessions but we need to spend further time widening our conversations so helping to expand the reach of the Partnership.

b) Channels of Communication

We will keep the wider Derbyshire public informed using social media, press releases, a newsletter, and face-to-face events and information campaigns.
We will explore ways of engaging and communicating people in innovative ways through vox-pops, mother and family stories, video interviews, online campaigns and on-line conversations. We will support the MVP to explore different ways of linking with the public and will support the Partnership to run campaigns.

c) Support for MVP Membership

The Head of Patient Engagement and Experience for NDCCG will be the lead Derbyshire CCG link to the MVP and for the Chair and Vice-Chair. Supported by her team, the Patient Engagement and Experience Team, they will together offer administrative and communication and engagement support. For example they will set up the committee and the recruitment of individuals with the kinds of skills needed for the role of Chair and Vice-Chair. The Communication Manager for North Derbyshire will also provide advice and support in communication methods and will help with media relations. The Team is highly experienced in supporting co-production and skilled in a wide range of engagement and communication tools.

Once in place, the MVP link can work with PPI and other stakeholders to agree a MVP membership list and identify which post-holders or organisational representatives should be invited to attend the first meeting. The MVP link will have conversations with people interested in the Chair and Vice-Chair roles prior to the first meeting, putting them in touch with more established MSLC/MVP Chairs where necessary in order that they understand what will be expected of them and what they may gain from such a role.

The MVP link will also help the membership to identify any training needs and provide an induction session to help the partnership to understand the role and allow them time to ask questions and to get to know each other.

d) Initial Framework

We have identified and agreed a budget, in the region of £3,000-£4,000 per annum to include remuneration for service-user Chair and Vice-Chair; expense remuneration for service-user members; crèche provision; venue hire; an annual development day and outreach consultation. Advice on levels of remuneration should be available via local maternity networks but will be confirmed when the Terms of Reference of the MVP is agreed.

We will set the first meeting in a child-friendly centrally placed venue with crèche space, book crèche, invite stakeholders and hopefully vote in a Chair and Vice-Chair. This meeting will be facilitated by either the Head of Patient Engagement and Experience or her deputy who are both skilled at managing meetings in which service-users and professionals are equal partners.

The MVP link will need to spend time with and be available to the Chair and Vice-Chair, particularly in the first three months, and thereafter with regular meetings and contact.

After the initial meeting, a pre-meet between the MVP link and the Chair and Vice-Chair will occur in a place convenient to the service-user before each MVP meeting. This may be held at one of the service-user's home if they have very young children or a local café or children's centre.

As the MVP becomes confident in its role they will form links with all Delivery Groups and be empowered to offer advice, insight and service-user perspectives to each of the groups.

How will we know if we are succeeding?

The MVP will also be assisted to identify a set of success criteria. This will be delivered through the facilitated initial meeting. The Partnership will be encouraged to identify what they think would indicate success and they will be empowered to think through what challenges and barriers they may face as they participate in the co-production of service transition. The MVP will be assisted to revisit these questions on a regular basis and be encouraged to put forward solutions.

Enablers to our plan – things that will help us

Commissioning

The activities described in this plan will involve service redesign, with the engagement of the workforce to change practice and culture, which will be transacted through effective commissioning.

As an LMS, commissioners from NHS Clinical Commissioning Groups, NHS England and Local Authorities have already come together to consider more jointly the way that services are designed and procured and, where appropriate, to explore opportunities for commissioning integrated services where this would better serve women and their families. The following have been identified as areas of focus:

- The development of **a single service specification for maternity services** across Derbyshire, underpinned by **a single dashboard** to monitor performance and outcomes, will form a clearer description of what is expected and more robust contract management across all providers.

- We will commit to **looking at the maternity journey from the woman's point of view**, rather than being service-led. We will be driven by the views and feedback of those who have used our existing services so that maternity care of the future is shaped in-line with what we are told. We will work closely with our MVP and with gathering other evidence, to understand the women and births taking place in Derbyshire, considering how choices are made and what factors impact birth outcomes in our LMS. We will use this intelligence to commission services that are safer, kinder and more personalised and to support the development of a well-functioning Community Hubs model that will meet the needs of local families.

- As part of our commitment to think more broadly about the whole journey from pregnancy through to birth and beyond, we will ensure that **public health and wellbeing services and the community and voluntary sector are considered more closely with 'traditional' midwifery care**, so that we are commissioning on a more holistic basis. We will strive for achievement of 100% coverage and timely delivery of antenatal and newborn screening programmes, timely access to any onward community or specialist services and handover to a health visitor or Family Nurse for every woman by day 14 after the birth.

- Alongside these and other specific targets, we will focus on the **outcomes of pregnancy and birth**, so that we empower services to evolve and improve based on the information they gather, ensuring that the needs and priorities of women are put first in the test of how successful we have been.

Finance

Maternity care in Derbyshire is currently funded through the NHS National Tariff, which assigns a nationally-agreed financial value to the antenatal, intrapartum and postnatal elements of a woman's maternity pathway at either standard, intermediate or intensive level for each. We know that this mechanism is complex and providers may not benefit in the way they should; likewise, we have a duty to ensure that public funds are used wisely, maximising value for money within the available financial envelope. We also want to ensure that our funding mechanisms support women to access the services they choose, exploring options for personal maternity care budgets and other mechanisms to allow money to follow the woman.

The NHS is the largest funding partner in maternity care. Maternity pathway payments under the NHS National Tariff make up the majority of this yet the cost to service providers are in excess of this income, so the sustainability of services is at risk if things do not change. We know that additional investment is not an option given the financial challenge facing Derbyshire's wider health and care system, so new models must be explored if we are to establish a sustainable health economy for maternity care. Our less visible costs include provision such as medications prescribed by GPs and other specialist/hospital services (such as a diabetes specialist nurse or cardiac consultant), alongside perinatal mental health services.

The NHS also provides health visiting services to families, although these are now commissioned by local authorities which also fund Family Nursing, infant and toddler nutrition, health and exercise (obesity prevention) and oral health programmes.

What are the challenges?

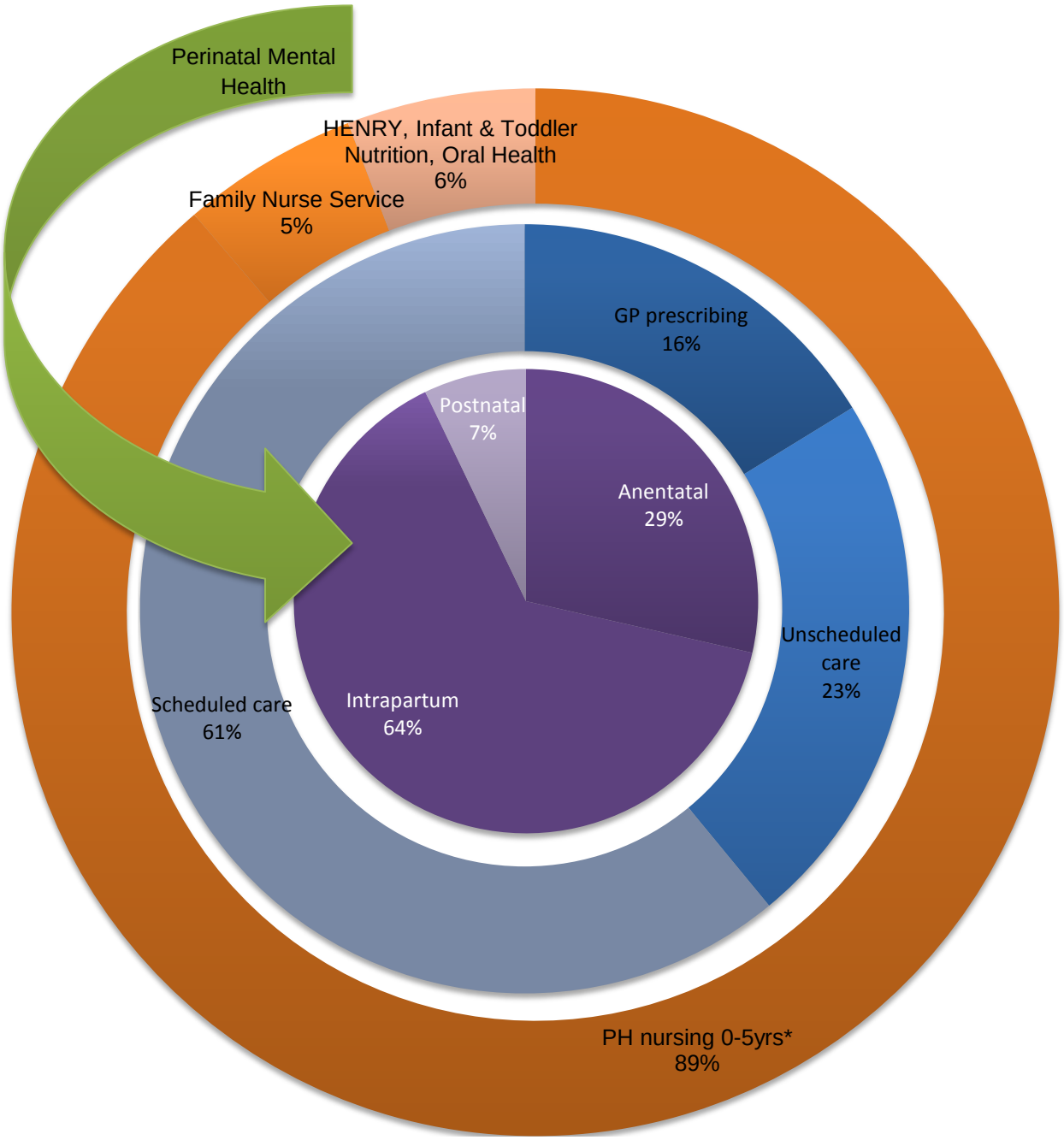
Joined Up Care Derbyshire outlines how, if we continue to operate as we do currently, by 2021 there will be a £219m financial gap for the NHS and an additional £136m saving required by local authorities for care costs across the whole system.

While one of the reasons behind this is an ageing population, is also important to recognise that more people are suffering from more than one ongoing condition, leading to more complex needs. This is no less important during pregnancy and this bears financial implications also, with antenatal care costing, on average, £1,000 more per woman for an intensive, rather than standard, pathway of care.

We also recognise the significant contribution of voluntary and community sector services, which offer valued provision such as psychological support, breastfeeding support and many more areas, some of which are part-funded by a public body.

A health and care ***payment system*** that improves system accountability & rewards outcomes

It is difficult to calculate the absolute spend by all LMS partners on all areas to support families during pregnancy and beyond, especially when we consider areas such as social care, housing and welfare but we have provided a representation of the way the largest, allocated funding sources move around our LMS:



* Proportion is an approximation

Workforce

We need a resilient and flexible maternity workforce to deliver our plan and care will only become safer and kinder if our workforce operates at sufficient capacity.

The feedback we gathered during our engagement exercise demonstrated that, for the most part, women and their families are very happy with their maternity care, with plenty of information available and attentive, supportive and reassuring staff who prepared them well for the birth. However, their feedback also reveals staffing issues, sometimes reflected in a hectic ward environment, a lack of empathy and less cover at weekends and overnight. We also know that most women in our LMS give birth in a hospital setting, whether that be an attached midwifery-led unit or under consultant-led care, so an increase in home births would require a shift in the way that midwifery teams work.

What are the challenges?

The current staffing establishment of midwives, medical and aligned staff delivers a model of maternity care that is different to the one we envisage for the future. The challenges for our LMS are:

- attracting medical trainees to the obstetric programme
- providing community-based ultrasonography
- influencing midwifery training availability within higher education institutions
- the requirement for director and clinical director level skills
- a learning and safety culture, where those who work together train together
- recruitment and retention to contribute to system knowledge and experience
- potential development of new practitioner roles, such as Assistant Practitioner, apprenticeships, Junior Clinical Fellows and expansion of the Support Worker role in the community
- the increase in less than half-time working in midwifery and obstetric staff
- addressing the training and development needs and workforce resource requirements for our new model, to be able to:
    - offer continuity of carer
    - increase in our home birth rate with exploration of a dedicated, cross-county home birth team
    - develop a geographical Community Hubs model that can be staffed by four to six midwives per Hub and provides a consistency of offer across Derbyshire with a designated obstetrician for each Hub.

Hubs will provide a suite of co-located additional services, such as lifestyles support and new baby sessions, based on the needs of the local population, as defined by those of each of the associated “places”, which will have a staffing and configurational impact on other services.

We will ensure that clinical environments are always appropriately staffed so that midwives and obstetricians and the extended team have the time to care and so that attitudes and behaviours reflect the values we expect (see page 11).

Overview of what we will do

A ***workforce*** with the capability and capacity to deliver the model

We will model the current and future workforce requirements to understand the extent of change required, using the SWiPe® (Strategic Workforce integrated Planning and evaluation) methodology which is already in use across the Derbyshire STP. We will use this framework to understand the future needs of women in Derbyshire, so that we can design, recruit and develop a safe and sustainable workforce to meet them.

SWiPe takes the following approach:

- **Assess the underlying population health needs and how these will change over time** – for the LMS, this will be our birth rate and the characteristics of our births.

- **Service transformation and how things will look different in the future** – this is the vision and priorities articulated in this plan, with the workforce considerations outlined in the section "What are the challenges" on the previous page

- **The workforce transformation necessary to respond to these challenges** – these are the conclusions we will draw from a modelling exercise which considers all of the information in this plan, to help us to design our future workforce requirements

The main concepts used to facilitate the SWiPe framework are:

- **Care functions**, that combine a number of tasks and activities into a coherent 'episode' or level of support, irrespective of the organisation providing the maternity care or other support to pregnant women or new parents, i.e. focussed on the family's needs;

- **Workforce skill levels** (foundation, core, enhanced and advanced) that again focusses on the woman's needs and those of her baby and her family, rather than professional groups such as midwives, obstetricians, neonatologists etc.

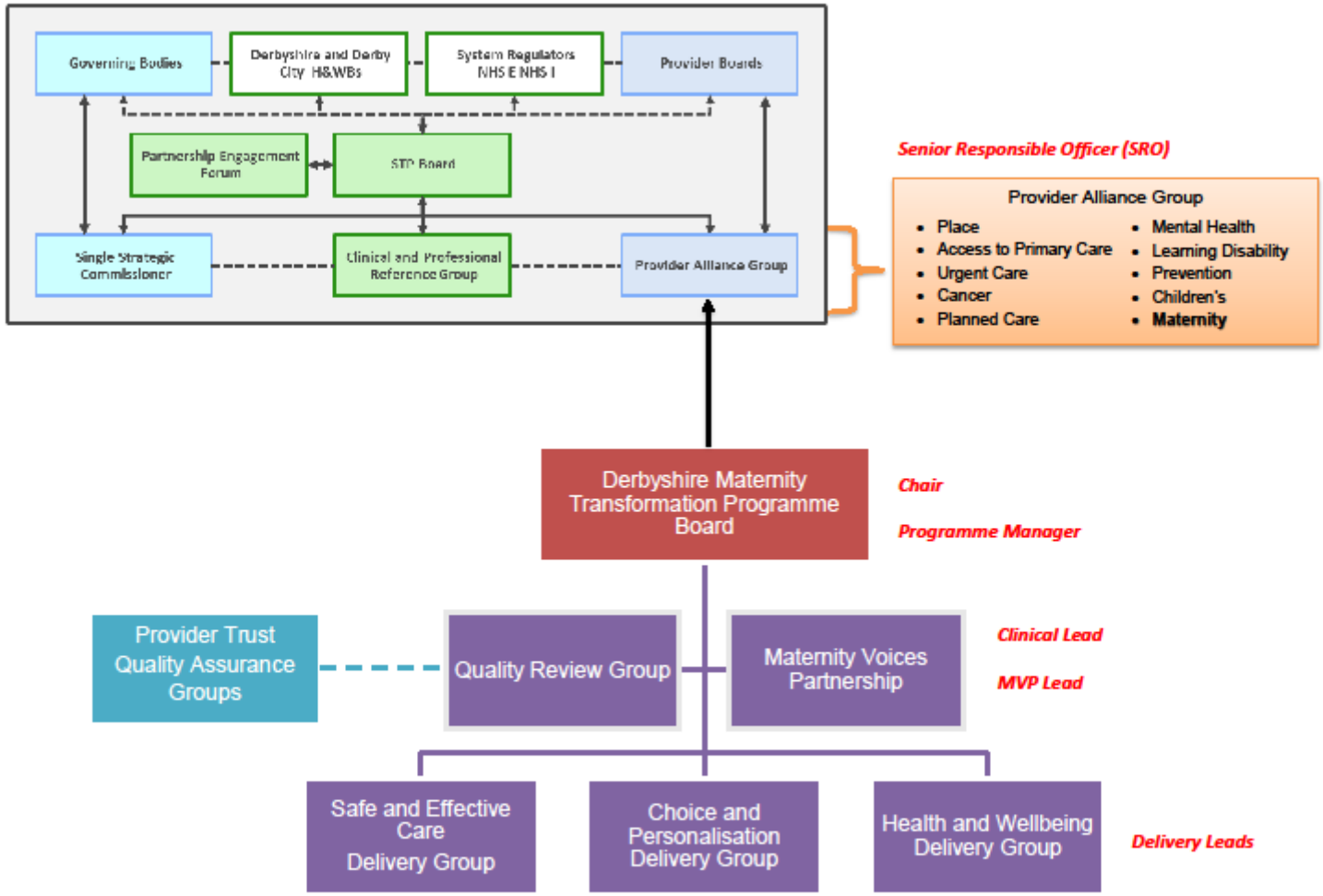
The LMS is very broad, taking in a large geographical area and many care functions and workforce skill levels. This exercise will be considered over various geographies:

- **Place:** A term we are using across our STP to denote a local population of around 50,000 people, grouped around several General Practice (GPs);

- **Area:** Maternity services, Health Visiting Services – we envisage that Community Hubs will operate at Area level, serving several Places;

- **System:** further out-of-hospital services including specialist teams for other conditions (e.g. diabetes) and whole-pathway care across Derbyshire.

Appendix A – Maternity Transformation Programme local governance structure



Appendix B – Partner organisations of the LMS

The Derbyshire Local Maternity System (LMS) comprises the following core member organisations working in partnership to deliver the transformation of maternity care (in alphabetical order):

- Chesterfield Royal Hospital NHS Foundation Trust (provider of community and hospital midwifery services, women's health, obstetric care, neonatal care, paediatrics and children's specialist services)
- Derby City Council (commissioner of public health nursing services for children and young people 0-19 for delivery of the Healthy Child Programme, including Health Visiting services and commissioner of health and wellbeing services such as stop smoking, drug and alcohol, weight management and sexual health)
- Derby Teaching Hospitals NHS Foundation Trust (provider of community and hospital midwifery services, women's health, obstetric care, neonatal care, paediatrics and some children's services)
- Derbyshire Community Health Services NHS Foundation Trust (provider of 0-19 public health nursing services and some children's specialist services)
- Derbyshire County Council (commissioner of public health nursing services for children and young people 0-19 for delivery of the Healthy Child Programme, including Health Visiting services and commissioner of health and wellbeing services such as stop smoking, drug and alcohol, weight management and sexual health)
- Derbyshire Healthcare NHS Foundation Trust (provider of specialist perinatal mental health services and some children's specialist services)
- East Midlands Ambulance Service
- Health Education East Midlands*
- Healthwatch Derby (local consumer champion for Derby City)
- Healthwatch Derbyshire (local consumer champion for Derbyshire County)
- NHS England East Midlands Maternity and Children Clinical Network
- NHS England – Midlands and East
- NHS England Yorkshire and the Humber Maternity Clinical Network
- NHS England Yorkshire and the Humber Neonatal ODN
- NHS England Trent Perinatal and Central Newborn Networks
- NHS Erewash CCG
- NHS Hardwick CCG
- NHS North Derbyshire CCG
- NHS Southern Derbyshire CCG
- Public Health England East Midlands
- Ripplez CIC

Continued overleaf…

The LMS also works closely with a number of linked organisations which sit outside of the LMS footprint but which provide care to women and families on a regular basis:

- Burton Hospitals NHS Foundation Trust (Pan Staffordshire LMS)
- Nottingham University Hospitals NHS Trust (Nottinghamshire LMS)
- Sheffield Teaching Hospitals NHS Foundation Trust (South Yorkshire and Bassetlaw LMS)
- Sherwood Forest Hospitals NHS Foundation Trust (Nottinghamshire LMS)
- Stockport NHS Foundation Trust (Greater Manchester and Eastern Cheshire LMS)

Appendix C – Engagement exercise: online questionnaire

Q1 Please put these in order of importance, 1 being the most important and 5 being the least important (use each rating once)

- Safety of the mum and her baby
- Delivery of antenatal and postnatal care in a one stop shop setting in the local community
- Mum fully involved in planning her care (including choice of birth place and access to records)
- Mum given a named midwife who provides continuity of care all the way through pregnancy and birth
- Mum given access to a website or app that has her health information during pregnancy

Q2 Is there anything missing from this list that you would like to add about the care that is important to you. Please comment.

Q3 What is your status?

- Mother
- Partner
- Family member
- Staff member involved in delivery of maternity care
- Other (please specify)

Q4 If you are answering as a mother, partner or family member – in which area in Derbyshire does mum live?

- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Derby City
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Q5 If you are answering as a staff member involved in the delivery of maternity care in which area do you work?

- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Derby City
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Q6 Are you caring for?

- A child under 24 months
- A child 3 - 5 years of age
- Not applicable

Q7 Are you pregnant?

- Yes
- No
- Not applicable

Q8 Is this your first pregnancy?

- Yes
- No
- Not applicable

Q9 Where do you or your family member plan to give birth to your baby?
(Freetext)

Q10 Where did you or your family member give birth to your most recent baby?
(Freetext)

Q11 How would you rate the care you or a family member received during the most recent pregnancy? (On a scale of 0-10, 0 being low 10 being high)

Q12 Please tell us about any positive experience during the most recent pregnancy

Q13 Please tell us about any negative experience during the most recent pregnancy

Q14 Please tell us how the experience could have been improved

Q15 Would you like to know more about Derbyshire's local maternity plan?

- Yes
- No
- If yes, please provide your email address

Q16 Would you like a response to any concerns you have raised?

- Yes
- No
- If yes, please provide your email address

(**Followed by equalities monitoring questions 17-28**)

Appendix D – Engagement exercise: outreach proforma

BETTER BIRTHS DERBYSHIRE

Transforming Maternity Care

Joined Up Care Derbyshire

Planning future services together so people can be healthy, live well and stay well.

The local NHS and other organisations involved in maternity care, health visiting, ambulance and others are working together to design the future of maternity services in Derbyshire. We would like to hear the views of expectant parents, new parents, families and staff members in order to make sure we are meeting local needs.

From your experience of maternity services (so far), what are the things that you think are good?

How do you think things could be made even better?

FOR INTERVIEWER'S USE

Choice & Personalisation ☐	Health & Wellbeing ☐	Safe & Effective Care ☐	Workforce & IT ☐
- Information in one place - SPA - Choice - Named midwife - One Stop Shop	- Support for Healthier lifestyle - Breastfeeding - Baby friendly services	- Emphasis on Safety - Better co-ordination between organisations - Standard procedures - Saving babies lives - Staff Training/ Supervision	- Enough staff to provide adequate cover - Digital Apps for mums to access records & information

1

Appendix F – Acronyms

LMS	Local Maternity System
STP	Sustainability and Transformation Plan
CCGs	Clinical Commissioning Groups
MCP	Multi Community Providers
ONS	Office for National Statistics
SRO	Senior Responsible Officer
MSLC	Maternity Services Liaison Committee
NCT	National Childbirth Trust
HV	Health Visiting
NICU	Neonatal Intensive Care Unit
BFI	Baby Friendly Initiative
FNP	Family Nurse Partnership
CRHFT	Chesterfield Royal Hospital Foundation Trust
DTHFT	Derby Teaching Hospital Foundation Trust
NPSA	National Patient Safety Agency
NNU	Neonatal Unit
RCOG	Royal College of Obstetricians and Gynaecologists
NLS	Newborn Life Support
RAMSI	Recognition and Management of the Seriously Ill
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MVP	Maternity Voices Partnership
CQC	Care Quality Commission
AEQUIP	Advocating for Education and Quality Improvement (supervision model)
PHR	Public Health Research
NRT	Nicotine Replacement Therapy

NODN	Neonatal Operational Delivery Networks
ATAIN	Avoiding Harm Leading to Long Term Admission Into Neonatal units
QIS	Qualified in Speciality
HEE	Health Education England
NICE	National Institute for Health and Care Excellence
NN	Neonatal Nurse