NHS
North of England

# Getting Ready for 2013
# *Maternity*

Knowledge transfer to Clinical Commissioning Groups
June 2012

# Overview

Health policy frames maternity care in the context of pre-pregnancy to early years and although a part of the 0-5 Healthy Child programme it will be commissioned locally by CCGs.

Policy focuses on the opportunity to influence life style and parenting. The 2012/13 Operating Framework (OF) includes a requirement to commission services that are safe, offer choice , continuity of care, it includes various maternity related outcome measures.

Current activity – total number of births (2010/11):

| | |
|---|---|
| North of England | 187,201 |
| North East | 32,293 |
| North West | 90,187 |
| Yorkshire and the Humber | 64,721 |

## CCG responsibilities

- To commission and performance manage the maternity specification that drives improvements in quality, patient experience and clinical outcomes. Increasingly this will mean CCGs taking action to ensure services are able to do this sustainably, possibly over a wider geography.
- Coordinate the interdependencies with the maternity pathway to other services that the CCG has responsibility for, such as perinatal mental health and safeguarding children and adults.
- Commission services that complement the obstetric risk / case mix with levels of neonatal care commissioned by specialist commissioners.
- Link with Health and Wellbeing Boards and Local Authorities to bring public health into the local maternity pathway, with a focus on reducing stillbirth rates, perinatal and infant morality, improving breast feeding and smoking cessation rates – *the North of England has some of the poorest rates in England in the areas.*
- Develop a relationship with the three existing Maternity Networks in the North of England to influence the work programmes, linking local priorities to Network solutions such as detection of low birth weight or avoidance of 'never' events in maternity services.
- Develop a relationship with the Local Supervising Authority Midwifery Officer who assures the quality of midwifery practice through the supervision of midwives

# Policy Context

The DH have recently announced a series of **Maternity Pledges ,** based on the Operating Framework, but also including a pledge to provide one to one care during labour and continuity of care ante and post-natally.

Maternity tariffs are in shadow this year, and will be introduced in 2013/14. There are three tariffs based on risk assessment of health and social care needs at the beginning of pregnancy.

The maternity pathway is made up of different but interlinked commissioners , for example :

- Screening services - Public Health England and NHS CB
- Public Health services such as smoking cessation – local authorities
- Neonatal care and fetal and maternal perinatal medicine – specialist commissioning (NHS CB)
- Health visiting and early years – NHS CB and local authorities (from 2015)

Patient and public engagement is historically strong in maternity services

Safety and quality issues have been the key drivers for reconfiguration of maternity and paediatric services (see work in the North West). The same drivers may lead CCGs in other areas to explore this model.

# Current position

Maternity services are a key priority for Care Quality Commission in 2012/13 work programme. Services can expect unannounced inspections during this year.

To date issues to do with staffing, governance and leadership have been identified. A report of one service in the North West is due for publication in June / July. One service in the North has a CQC Improvement Notice and another has recently had a Notice lifted.

Some areas include local CQUIN in the maternity specification to help drive quality. There is variation in geographical spend for maternity services that manifests through workforce variations not associated to case mix.

In some areas there are Maternity Services Liaison Committees or local Maternity Networks.

Maternity Networks are covering wide geographical areas of the North of England and are able to demonstrate their effectiveness in driving up improvements, but, they are not funded beyond 2012/13.

Clinical Negligence Service for Trusts standards are driving the requirement to increase consultant provided services on labour wards. The Royal College of Midwives, Kings Fund and others have made recommendations on ratios of midwives to women. As a minimum all women should have one to one midwifery care during labour.

# Action required

- Identify how the maternity services pathway will be commissioned locally taking account of other commissioner responsibilities
- Develop a local landscape that brings together key stakeholders, taking account of legacy, but including user engagement
- Ensure the CCG has strong governance and assurance mechanisms in place to assure the CCG of the maternity performance
- With other CCGs and in conjunction with the NHS CB's clinical networks identify how Maternity Networks will be supported and the governance and accountability arrangements after the SHAs have ceased
- Develop a local strategy that addresses local need and national maternity aspirations and performance indicators
- Monitor the performance, quality and safety of maternity service providers

**Authorisation considerations**

- JSNA, and any local audits
- Maternity strategy
- Maternity dashboard
- Local Children Plan
- Joint commissioning plans
- Service specifications / contracts
- Minutes of relevant meetings including Maternity Network
- Maternity Services Liaison Committee action plan / minutes
- Safeguarding arrangements
- Choice leaflets
- Interpreter services
- Local users views including complaints

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# Into the Future

- Implementation of maternity tariffs from April 2013
- Operating framework measuring early access to maternity services to be retained
- New target 2013/14 will measure numbers of full term babies admitted to neonatal services
- Strong DH steer to improve influenza vaccination rates to 70% for pregnant women for 2012/13. (Rate in 2011/12 – 35%)
- DH start4life - Recent launch - information for pregnant women and parents , to be expanded into early years

Underpinning principles

- A need to focus on reducing variation in outcomes and interventions
- A focus on the opportunities for early recognition and early intervention to improve safeguarding and good parenting
- A refocus on a clinically commissioned comprehensive maternity pathway which will provide antenatal, intra-partum and postnatal care, including scheduled and unscheduled care
- Maternity experience is a public gauge of general health services

**Collaborative working**

| | **Links the commissioning of maternity services to the Maternity Networks' work programme** |
|---|---|
| NHS Commissioning Board | ▪Links to commissioning for health visiting, family nurse partnership programme<br>▪Links to specialist commissioning<br>▪Links to commissioning for pregnancy and newborn screening programmes |
| Local Authority | ▪ Co location of maternity services with early years<br>▪Safeguarding – early detection and intervention – children and adults<br>▪Public health Lifestyle programmes<br>▪Substance misuse – commissioning and provision |
| Voluntary Sector or AQP | Elements of maternity pathway currently provided by voluntary sector. E.g. breast feeding support services, antenatal education programmes, home birth services |
| Patient and user groups | Maternity Service Liaison Committees or local maternity networks |

# Performance data

## Data sources

| Data | Current Source | Future Source |
|---|---|---|
| Maternity dashboard | Provider services (not used in all services but recommended) | Unchanged |
| Public health data incl. | JSNA / PCT | Local Authority |
| Workforce data | SHA | Education England |
| Governance data incl. SUIs, never events | SHA / PCT | CCG local governance arrangements |
| Local Supervising Authority local audit reports and annual report. – provides rich source of local data | SHA | TBC |
| CQC reports | CQC Website | Unchanged |
| ChiMat (key source for data and intelligence) | Child and Maternal Health Observatory | http://www.chimat.org.uk |

# *Contacts*

For further information please contact your local maternity commissioner. The following SHA leads will be able to provide contact details for Network Clinical Leads, LSA Midwifery Officers and others.

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