

NHS NORTH CENTRAL LONDON CCGs	BOROUGHs [: BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON WARDS: ALL
REPORT TITLE: Update from North Central London Maternity Network March 2015	
REPORT OF: Julie Juliff, Maternity Commissioning Lead, North Central London CCGs	
FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	MEETING DATE: 20 th March 2015
SUMMARY OF REPORT: <p>Changes to the commissioning landscape and to the payment by results tariff has altered the way in which maternity services are commissioned. It has also led to changes to the structure of the North Central London Maternity Network.</p> <p>Since the last report, structural changes have taken place to service provision with consolidation of services at Barnet and Chase Farm onto the Barnet site and increased patient flow to North Middlesex.</p> <p>The work plan of the North Central London Maternity Network has been developed by commissioners and providers in conjunction with that determined by national policy and the London Maternity Strategic Clinical Network.</p> <p>Key areas of work have included:</p> <ul style="list-style-type: none"> • Network audit to review the impact of changes to payment by result tariff • Implementation of a unified performance dashboard • Review of patient information • Continued drive to increase the rate of women who book early • Introduction of outpatient induction of labour • Strengthened mechanism for user involvement <p>This report provides an update on commissioning, network and provider structures and outlines achievements and challenges over the past year.</p>	
RECOMMENDATIONS: The Committee is asked to comment on the report for North Central London Maternity Network March 2015	
Julie Juliff Maternity Commissioning Lead, North Central London CCGs DATE: 5th March 2015	

Maternity commissioning

Since April 2013 most elements of maternity service provision (with the exception of screening, which is commissioned by Public Health England) has been commissioned by Clinical Commissioning Groups (CCGs). At the same time a new system of pathway tariff payments was introduced. This means that rather than Trusts being paid for each individual contact, services are commissioned for three separate elements across the pathway of care - antenatal, birth and post natal.

Given the history of joint working within maternity through both commissioning and provider network arrangements, the NCL CCGs decided to employ a maternity commissioner to work across the sector.

This role combines supporting and advising each CCG to effectively commission and performance manage services for women during pregnancy, birth and the postnatal period, with coordination and leadership of the NCL Maternity network.

Further support is provided to the CCGs by the North East London Commissioning Support Unit, particularly in the analysis and review of serious incidents relating to maternity services. More widely they support CCGs in the management of contracts with the provider Trusts.

Configuration of maternity services across North Central London

Just fewer than 20,000 women across the NCL boroughs gave birth during 2013, most of whom used maternity services provided by the Acute Trusts within the sector. After a period of growth, birth rate is currently flat. This has allowed consolidation to take place following the service reconfiguration undertaken during the implementation of the Barnet, Enfield and Haringey strategy during 2013-14. Changes to patient flows involved some patients who had previously used maternity services at Chase Farm, instead utilising those at either North Middlesex or Barnet. Services at both of these sites have been fully upgraded and include alongside midwifery led birthing centres.

The issue of diverts between Barnet and Chase Farm hospitals was illuminated by these changes and there is sufficient capacity within the system to prevent maternity unit closures being any more than an extremely rare event.

The acquisition of Barnet and Chase Farm NHS Trust by the Royal Free NHS Foundation Trust took place in July 2014. Services continue to be provided on all three sites; with full maternity services being offered on the Royal Free and Barnet site, and outpatient services at Chase Farm. A review of community midwifery services is currently under way to ensure that the Trust is able to offer high quality, effective care to women across the patch without duplication.

The Whittington has submitted a business case to the Trust Development Authority for investment to upgrade inpatient maternity and neonatal services. This development will ensure services are brought up to modern standards.

Workforce planning

Trusts continue to manage the challenges of maintaining the midwifery workforce; this relates to the high number of midwives who wish to work part time and the increasing age of the workforce. Additional midwifery training places have been provided over the past few years, and although a number of midwives have moved into health visiting, units continue to be able to recruit to posts.

All NCL Trusts, with the exception of North Middlesex are able to meet the London standard of 1 Midwife to 30 births. A staffing review is underway at North Middlesex with the intention of meeting this requirement.

North Central London Maternity Network Arrangements

At the time of the previous report to this committee the NCL Maternity and New born Network was a provider network. Changes to commissioning arrangements and the introduction of the London Maternity Strategic Clinical Network (SCN) have led to modifications in the way in which the network work plan and agenda is set.

The SCN, which is hosted by NHS England, provides clinical leadership to maternity commissioners and providers across London, who participates in the network's workgroups. Key work streams currently underway such as the introduction of a package of measures intended to support the reduction the still birth rate across the capital and the development of toolkits to assist clinicians in improving clinical outcomes.

NCL Maternity network comprises commissioners and providers from across the sector. Providers are represented by lead obstetricians and midwives from the following Trusts: UCLH, North Middlesex, Whittington and Royal Free, which now incorporates services at Barnet and Chase Farm. GPs with a lead role for maternity within each CCG provide representation on the network board which is chaired by Sarah Price, Chief Officer (CO) at Haringey CCG and who is CO lead for maternity across NCL.

As well as a maternity commissioning lead, the network is supported by a lead obstetrician and midwife.

The NCL Maternity Services Liaison committee (MSLC) acts as a subgroup of the maternity network board. This committee comprises users, commissioners and providers of maternity services and is chaired by a lay member who also sits on the Network board. This group ensures that there women and families are able to input into the agenda of the network and provide feedback from the wider community in relation to maternity services.

NCL Maternity Network Achievements

Audit programme to review impact of introduction of maternity pathway tariff

The new maternity pathway tariff splits patients into different levels of medical and social need during the three episodes of care (antenatal, birth and postnatal), through a variable pricing structure. In order to reassure CCGs that clinical assessments matched appropriately to coding for payment purposes an audit was conducted across the network. This helped identify the acuity levels for the different Trusts.

Following this work, thresholds for coding post partum blood loss were agreed across the sector as the audit had identified individual differences.

Introduction of the NCL standardised maternity dashboard

A performance dashboard has been developed to benchmark clinical outcomes for each maternity unit. This requires extraction of data from the maternity data systems and allows reporting and comparison of information within and across Trusts at a greater level of detail than previously available.

Data reporting is now taking place for all Trusts and although data quality continues to be refined, the dashboard is an important part of the quality monitoring which is taking place for each Trust. Comparison data will inform the network work plan for 2015-16

Review of postnatal patient information

A group of midwives and user members of the MSLC have worked together to review existing patient information provided during the postnatal period. This is due to be launched in the near future, after which the group will move on to a review of antenatal information.

Monitor and improve booking by 12 completed weeks of pregnancy

Assessment of a woman's health and social needs during the first 12 weeks of pregnancy is associated with improved outcomes for both mother and baby. The Trusts in NCL have continued to work towards achieving the target that 90% of women are 'booked' by 12 weeks of pregnancy. Mechanisms to support this include promotion of self-booking, participation in the London wide 'As soon as you are pregnant' (ASAP) campaign and focused work with women from ethnic groups known to book later.

Development of network wide and local MSLC arrangements

The NCL MSLC has developed and strengthened over the past two years, so that women from across most of the sector, participate. Recently two users visited the postnatal ward at the Whittington on behalf of the MSLC. It is anticipated that this will be repeated for the other maternity units.

Introduction of outpatient induction of labour across the sector

Women who have had a normal pregnancy and who are at low risk of complications during labour are now able to have their induction carried out as an outpatient and to go home while labour progresses. This service is available at North Middlesex, the Whittington and Barnet and will be introduced at UCLH and the Royal Free in the near future.

Tongue-tie guidance agreed

New guidance and patient information developed and agreed to ensure babies with tongue tie are treated quickly and effectively. This is important in maintaining breastfeeding.

Work currently underway

Audit of caesarean sections across the network

The rates of planned and emergency caesarean sections within the NCL maternity units continue to fluctuate above the national and London averages. An audit tool has been developed and all units will review a months' worth of caesareans to identify areas where improvements can be made. There are likely to be areas of shared learning and implications for training.

Review pathways and improve services for women with mental health problems during pregnancy and the postnatal period

A sector wide perinatal mental health strategy is currently being developed. Services will be mapped to best practice pathways and NICE guidance. Services across the sector are patchy, ranging from no specialist service at North Middlesex and Barnet, to a partial service at UCLH and Royal Free. There is a specialist service at the Whittington. Community services exist to a greater or lesser degree, but are often adequately joined up.

Reduction in Still birth

A number of measures designed to reduce still birth rates by detecting babies with restricted growth is currently being launched across NCL and indeed across London. This is based on work already undertaken in other parts of the UK.

Continuity of care

Trusts are reviewing their models of care in order that they will be able to improve continuity of care and ensure provision of the named midwife for all women. The Royal Free on behalf of other Trusts is leading this work.

Flu Vaccination

A strategy is currently being developed to improve flu vaccination uptake in pregnant women for the 2015-16 flu season. The target is to increase uptake to 31%.

Early pregnancy

A review of early pregnancy unit care pathways including psychological support has commenced.