

**Item #**

**Item:**

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| **Report to:** | STP Executive |
| **Date of Meeting:** | October 2017 |
| **Title of Report:** | Local Maternity System Plan |
| **Presented by:** |  |
| **Author:** | K. Ellis, Deputy Director of Commissioning |

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| **STATUS OF THE REPORT:** |  |
| To approve | To endorse |
| To ratify  √ | To discuss |
| To consider | For information |
| To note |  |

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| **PURPOSE OF REPORT:**  This report updates the STP Exec on progress made in developing the Local Maternity System Plan and next steps required to finalise the plan. It also starts to address the move towards plan delivery.  **RECOMMENDATIONS:**  The STP Executive is asked to note:   |  | | --- | | 1. The contents of the plan and the next steps required to finalise 2. Actions required to move towards plan delivery | |  | |

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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** | | √  No | Yes |
| If yes, detail grounds for exemption |  | | |

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| **IMPLICATIONS:** (*summary of key implications, including risks, associated with the paper*), | |
| Finance | There are no specific financial impacts associated with this report. The work may identify areas for specific investment, disinvestment. If this is the case appropriate business cases will be prepared for review and approval. |
| HR | As work progresses on developing the continuity of carer models and multi-professional working there may be an impact upon staffing work rotas and working arrangements across the wider STP footprint. As and when these are identified HR will be fully involved as will staff and staff side to ensure that any changes are acceptable and are consulted upon in line with national workforce requirements. |
| Quality | The development and delivery of the LMS plan should improve the overall quality and experience within maternity and neonatal services (including mental health) by promoting best practice, clear outcomes and systemising pathways removing variation. |
| Safety | The additional focus on maternity and neonatal services, with the associated plans and focus on outcomes will increase the overall level of systemisation, adoption of best practice and removal of variation which will contribute to a general positive impact upon safety both for service users and service deliverers. |

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| **ENGAGEMENT:** The plan has been developed by a range of representatives from different organisations and has been reviewed by a wider range of individuals.  Involvement / engagement of service users has been limited but plans are in place to increase the level of service user engagement via maternity voices and other engagement forums |

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| **LEGAL ISSUES:** There are no specific legal issues relating to this report / plan. |

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| **EQUALITY AND DIVERSITY ISSUES:** (*summary of impact, if any, of CCG’s duty to promote equality and diversity based on Equality Impact Analysis (EIA).* ***All*** *reports relating to new services, changes to existing services or CCG strategies / policies* ***must*** *have a valid EIA* *and will not be received by the Committee if this is not appended to the report*)   |  |  | | --- | --- | |  | ***Tick relevant box*** | | An Equality Impact Analysis/Assessment is not required for this report. |  | | An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment. |  | | An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report. | *√* |   A high level equality impact assessment has been undertaken. This has identified challenges around our minority and deprived groups. Further work is required by each workstream to undertake an in-depth assessment and develop appropriate actions to minimise any negative impacts. |

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| **THE NHS CONSTITUTION:**  Deliver of the LMS plan will support organisations to deliver their duty around patient choice and quality of services. |

**HUMBER COAST AND VALE LOCAL MATERNITY SYSTEM PLAN**

#### 1. INTRODUCTION

#### The Five Year Forward Planning Guidance for 2017-19 indicated a requirement for organisations to start collaborative planning and working across a wider footprint in relation to maternity services. These new footprints, Local Maternity Systems (LMS, had to cover a minimum 500,000 population and be coterminous with STP footprints. There was a requirement for the LMS to hold its first Board meeting by end March 2017 and to develop a plan to outline how the LMS will deliver the principles within Better Births (DoH 2016) and improve outcomes for women, neonates and families during and after the maternity episode.

#### Attached is the near final version of the Humber Coast and Vale LMS plan.

**2. THE LMS PLAN**

The LMS plan has been developed by members of the LMS Executive Board led by Dr. Kevin Phillips. Board members agreed 4 key workstreams:

* + Choice, Personalisation and Continuity of Carer
  + Putting the individual, quality and safety at the core of our service delivery
  + Delivering Improvements in Perinatal Mental Health
  + Multi professional working and governance

These workstreams have commenced meeting over the summer and have generated the attached overview and project plans for their areas.

The plan sets out the current case for change, outlining what we currently know about our childbearing population and the services we commission. A further iteration of the Joint Needs Assessment, appendix 1, should be available shortly and will become a dynamic document which will be updated on an ongoing basis.

It then provides an outline of the key workstreams and the supporting workstreams with high level delivery plans attached as appendix 2.

Cross cutting themes are described in section 3 with accompanying delivery plans where appropriate.

The plan covers the timescale November 2017 to March 2021 to mirror the Better Births timescale.

#### 3. NEXT STEPS

Between now (the date of this report) and the end of October 2017 which is the formal national submission date the following is required:

* Final review of the contents pf the plan
* Completion of the Equality Impact Assessment / Privacy Impact Assessment
* Submission to Region on 6 October
* Confirm and challenge with Region 13 October
* Final changes
* Submission of Plan

Once the plan is submitted we will get feedback as to whether our plan is deemed sufficiently advanced to demonstrate we have a grip of and ambition around the agenda. Feedback to date has been generally negative but this is the first time the composite plan has been pulled together and it does tell a better story, although there are significant opportunities to improve the plan.

Submitting the plan is just a stage in the process. The plan is very light on:

* Activity and finance

Further work is required from BI/Finance teams to develop our information and to start effectively predicting financial and activity models as required in Better Births. The STP Exec is asked to support the identification of finance / BI support to undertake this work.

* Plans to deliver the key workstreams

The workstreams need to set up specific task and finish groups to work on the differing components. Further more detailed plans are required with clear outcomes and milestones that can be measured. The workstreams will start to work on these but need support from programme management to further progress and to start to deliver the changes outlined within the plans.

* Programme management

There is no specific programme management in place as yet. This includes no programme manager / programme team to support the development and delivery of plans and there is no formal programme structure / reporting in place to monitor plans and delivery. HEYHT are due to advertise posts shortly.

* Service user and wider staff involvement and coproduction

The plan does start to address the requirement to involve service users but does not specifically address staff involvement. All organisations will need to commit to release staff to be fully involved in the coproduction and delivery of eth detailed plans as without a change in culture the ambitions set out in Better Births will not be delivered

It is anticipated that further iterations of the plan will be required after the end October submission as well as more detailed delivery plans.

##### 4. RECOMMENDATIONS

The STP Executive is asked to note:

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| 1. The contents of the plan and the next steps required to finalise 2. Actions required to move towards plan delivery |
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