



Thames Valley Strategic Clinical Network

Network Manager Children and Maternity

Rebecca Furlong





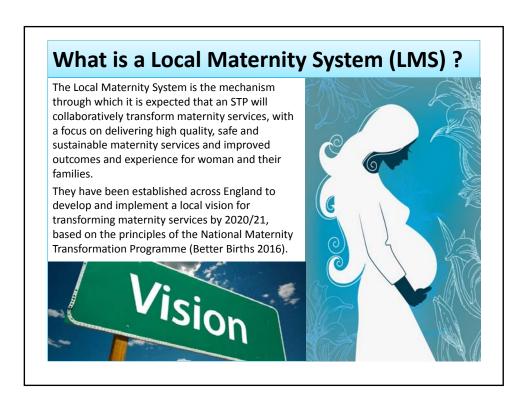
An Idiot's Guide to LMS and STPs

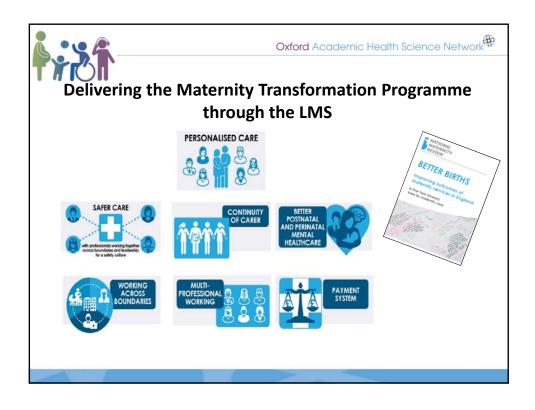
- Sustainability and transformation partnerships (STPs) Local partnership to improve health and care
 - The NHS and local councils have formed partnerships in 44 areas covering all of England, to improve health and care. Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations.
 - Sustainability and transformation partnerships build on collaborative work and aim to help meet a 'triple challenge' set out in the <u>NHS Five Year Forward View</u> – better health, transformed quality of care delivery, and sustainable finances
 - They are supported by six national health and care bodies: NHS England; NHS
 Improvement; the Care Quality Commission (CQC); Health Education England (HEE);
 Public Health England (PHE) and the National Institute for Health and Care Excellence
 (NICE).
 - Buckinghamshire, Oxfordshire and Berkshire West
 - Frimley Health & Care System
 - Bath and North East Somerset, Swindon and Wiltshire
 - Bedfordshire, Luton and Milton Keynes
 - A number of the partnerships have now evolved into integrated or 'accountable' care systems (ACSs) in which NHS providers and commissioners choose to take on collective responsibility for resources and population health, often in partnership with local authorities

Oxford Academic Health Science Network

Implementing Better Births

- In February 2016 Better Births set out the Five Year Forward View for NHS maternity services in England.
- The vision is clear: we should work together across organisational boundaries in larger place-based systems to provide a service that is kind, professional and safe, offering women informed choice and a better experience by personalising their care.
- Better Births recognised that delivering such a vision could only be delivered through locally led transformation, suitably supported at national and regional levels.
- Local Maternity Systems (LMS) will lead and manage this local transformation.
- Local Maternity System should be coterminous with the STP Footprint.





Thal	NAC Doord	
ine i	.MS Board	
Potential member	ership of a Local Maternity System	1
Service user voice	Maternity Voices Partnerships, Healthwatch and representative parent groups where appropriate	
	Local stakeholders and charities representing service users	
Commissioners	CCGs	1
	NHS England	
	Local Authority directors of public health	
	Other Local Authority as appropriate	
Providers	Providers of NHS antenatal, intrapartum and postnatal care including independent midwifery practices and voluntary and community sector providers involved in providing the local NHS-funded maternity offer	
	Local Neonatal Operational Delivery Network	
	Primary care	
	Ambulance and NHS 111 services	
	Mental health teams, including mother and baby units, IAPT, AMHS, CAMHS	
	Community child health and tertiary centres.	
	Local authority providers of health visitor services, children and adult social care teams and public health programmes.	
Others	Representatives of other clinical networks, higher education establishments and teaching hospitals involved in workforce training and research	
	Local workforce advisory boards	
	Representatives of the staff voice, such as professional organisations and trade unions	

How does the Local Maternity System link to the STP

The Local Maternity System requires a strategic partnership board to make decisions and clear terms of reference to reflect this.

- The LMS is essentially the maternity element of the local Sustainability and Transformation Plan (STP), with which it needs to be aligned.
- The LMS should be overseen by the STP's strategic partnership board and it is recommended that the LMS acts as a formal sub-group of the STP. It will need to work alongside STP enablers, such as the Local Digital Roadmap.
- The LMS will also need effective leadership. This means establishing a named senior leader who is connected into the governance of the STP.
- The LMS are not statutory bodies in their own right. Therefore, the legal accountability for commissioning maternity care across an integrated pathway remains with local CCGs, local authorities and NHS England. The LMS will need to come to agreement as to how to commission against the local maternity transformation plan, including pooling of resource and joint commissioning, where appropriate.



Oxford Academic Health Science Network



Local Maternity System

The key deliverables for Local Maternity Systems are:

- By October 2017 establish a shared vision and action plan to implement Better Births by the end of 2020/21.
 - To develop and implement a local plan to transform services as part of the local STP.
 - To establish and operate shared clinical and operational governance by April 2018, to enable cross-organisational working and ensure that women and their babies can access seamlessly the right care, in the right place, at the right time.
 - Shared processes and procedures, particularly around working together across health economies (e.g., referrals, diagnostics)
 - Provide support, advice and recommendations to commissioners, provider and clinicians
 - Transfer protocols
 - Shared training offer
 - Shared staffing, where appropriate
 - Cross-LMS review of data, including patient experience data
 - Shared learning when things do not go to plan



Deliverables for LMS 2020/21

≡₀ **₽**

DELIVER

Improving choice and personalisation of maternity services so that:

- all pregnant women have a personalised care plan
- all women are able to make choices about their maternity care, during pregnancy, birth and post-natal
- most women receive continuity of the person caring for them during pregnancy, birth and post-natal
- more women are able to give birth in midwifery settings (at home, and in midwifery units)*

Improving the safety of maternity care so that by 2020/21 all services have:

- made significant progress towards the 'halve it' ambition of halving rates of stillbirth and neonatal death, maternal death and brain injuries during birth by 50% by 2030
- are investigating and learning from incidents, and are sharing this learning through their LMS and with others
- fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement programme





So what?

- Each LMS has an action plan with implementation plan
- Do you want to involved in the projects for each LMS –some examples;
 - Workforce
 - Safer Care
 - Digital projects
 - Postnatal Care
 - Perinatal Mental Health
 - · Choice and Personalisation
 - Prevention

Please contact me for more information

