

We have been working together to consider what the requirements set out in the NHS Long Term Plan mean for our residents, staff and health and care partner organisations across north central London (NCL). We have a collective commitment to deliver changes that will improve the health and wellbeing of residents and have listened to what residents told us is important to them.

We have developed a draft NCL delivery plan for the maternity transformation programme and are now seeking the engagement and involvement of all local partners, stakeholder and residents to refine and finesse these plans. Over the next two months, we will cross-reference, financially cost and finalise our plan for submission in November.

If you have any comments, queries or think we have missed important points relating to any of the sections please get in touch with Kaye Wilson (kaye.wilson1@nhs.net).

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1. Introduction

Better Births, Improving Outcomes of Maternity Services in England (2016) set out a vision for maternity services across England to deliver safer, personalised care for women with maternity staff supported to deliver care which is women centred, in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries. NCL was an 'early adopter' of the national maternity transformation plan 'Better Births' and had a highly ambitious transformation plan which sought to improve the safety, personalisation and quality of care.

The National Maternity Transformation Programme identified nine workstreams:

1. Supporting local transformation
2. Promoting good practice for safer care
3. Increasing choice and personalisation
4. Increasing access to perinatal mental health
5. Transforming the workforce
6. Sharing data and information
7. Harnessing digital technology
8. Reforming the payment system
9. Improving prevention

Section 2 of this report provides a summary of the activities and initiatives in NCL demonstrating how they relate to the national workstreams.

The NCL Early Adopter (NCL EA) Programme incorporated the nine national workstreams within five local work streams:

- Quality and Safety,
- Personalisation and Choice,
- Collaborative Working,
- Community Services (including an economic analysis of continuity of carer pathways),
- Single Point of Access.

In addition, we undertook a broad and innovative piece of work around PPI and integrated this PPI work into each of the five workstreams to ensure true co-production.

The NCL Early Adopter Programme ended in December 2018 and has transitioned into the NCL Maternity Transformation Programme. The new workstreams reflect the changing landscape within maternity:

- Quality and Safety,
- Personalisation and Choice / Single point of access,
- Workforce (Collaborative Working)
- Continuity of carer
- Postnatal care

Section 3 of this report provides a summary each of the workstreams; the achievements so far: planned activities; progress required and how each workstream links to the NHS Long Term Plan

The 2019-20 NCL Maternity Transformation Funding allocation is included at section 4 of this report.

Next Steps

This Executive Summary is submitted to the NCL LMS Board for approval, after which it will be incorporated into The NCL LMS Plan and submitted to the London Maternity Transformation Board.

2. National workstreams of the Maternity Transformation Programme

Maternity transformation work stream	Maternity transformation work stream national ambitions
Work stream 1 – supporting local transformation	<ul style="list-style-type: none"> • Successful bid to become an early adopter pilot site • NCL LMS formation
Work stream 2 – promoting good practice for safer care	<ul style="list-style-type: none"> • Saving Babies Lives Stillbirth Care Bundle implementation of key deliverables • Reduction of stillbirth, neonatal deaths and brain injury, and reduction of maternal deaths – setting up of the NCL Quality & Safety working group • ATAIN – reduction of term neonatal admission • Set up of NCL Quality & Safety learning and sharing programme • Set up learning and sharing programme from Maternal & Neonatal Health Safety Collaborative programme • Developed an SI and PMRT review process across NCL
Work stream 3 – increasing choice and personalisation	<ul style="list-style-type: none"> • Developed a process for individual personalised care plans • Development of a personalised care planning toolkit incorporating: <ul style="list-style-type: none"> • Birth plan • Things to think about now you're pregnant • Personalised care plan • Schedule of care
Work stream 4 – increasing access to perinatal mental health services	<ul style="list-style-type: none"> • Local DOS for PMH services • Improved provision of services for women in NCL across maternity pathway • Emphasis on community service provision • Improved training programme for maternity staff • Earlier diagnosis and intervention • Launch of the PMH fingertips profile as a data tool at local authority, Trust and CCG level
Work stream 5 – transforming the workforce	<ul style="list-style-type: none"> • Modelling current and future workforce to deliver continuity of carer • Education and training for delivering continuity of carer and increased cross boundary working in organisational boundaries • Reviewing pre-registration education to embed a culture of multi-professionalism • Increased training for obstetric ultrasound skills • Implementation of new system for midwifery supervision – PMA roles • Develop role of the Maternity Support Worker (MSW) • Improve community estates access to support development of community hubs
Work stream 6 – sharing data and information	<ul style="list-style-type: none"> • Development of new set of maternity indicators to benchmark quality and drive service improvement • Improve data collection and information sharing • Implementation of MSDS2 • Development of a data viewing tool • Ensuring data underpins development of electronic maternity record
Work stream 7 – harnessing digital technology	<ul style="list-style-type: none"> • Development of digital maternity tool and rollout of patient held digital maternity record for women and maternity professionals • Women have access to the right, unbiased information that enables them to receive a service in which there is choice, personalisation and safety
Work stream 8 – reforming the payment system (and finances)	<ul style="list-style-type: none"> • Carry out detailed work at national level including evidence-base that fairly reimburses providers for the care they provide • New payment approach for specialist fetal medicine activity • New payment design for the delivery of intrapartum and postnatal care
	<ul style="list-style-type: none"> • Smoking in pregnancy – smoking cessation with local service provision • Improved planning for pregnancy • Reduction in teenage pregnancy

Maternity transformation work stream	Maternity transformation work stream national ambitions
<p>Work stream 9 – improving prevention</p>	<ul style="list-style-type: none"> • Maintaining healthy weight and nutrition • Reduction in drinking alcohol in pregnancy • Inter-parental relationships and transition in parenthood • Reduction and early identification of domestic violence and abuse • Perinatal and infant mental health • Infant feeding • Immunisation and vaccination • Continuing the development of the prevention pathway visual aid

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3. NCL Workstreams of the Maternity Transformation Programme

NCL identified work streams	NCL achievements to date	Work in progress required for transition to full components of the Maternity Transformation Programme	Work area of the Long Term Plan
<p>Quality and Safety</p>	<ul style="list-style-type: none"> Set local baseline and trajectories for NHS England information Development of incident trigger list and SI incident reporting policy Development of shared learning events to be held at Trust level to incorporate key themes from complaints <p>Data submitted to NHS England Q4 2018/19 (maternity transformation quarterly report)</p> <p>Number of stillbirths (raw data) Baseline (27 per quarter, 5.31 per 1000 births) Q1 (15) Q2 (27) Q3 (24) Q4 (24)</p> <p>Neonatal deaths Q1 (10) Q2 (13) Q3 (15) Q4 (15)</p> <p>Now reported as extended perinatal (stillbirths, neonatal deaths and intrapartum brain injuries)</p> <p>Number of serious incidents Baseline 52 per annum Q1 (8) Q2 (6) Q3 (8) Q4 (15)</p>	<ul style="list-style-type: none"> Neonatal care – inutero transfer guidance implementation Neonatal – keeping mums and babies together Stillbirth reduction – continue SBLSCB v2 implementation (see trajectory refresh below) Neonatal death and brain injury reduction (see trajectory refresh below) Reduction of neonatal term admissions Continue learning and sharing events for quality and safety and health safety collaborative Develop a human factors training programme across NCL to support SI and PMRT review process developed and possible extension to neighbouring LMSs Refresh trajectories for stillbirths August 2019 Development of PMRT review process NCL wide with register of external experts available Development of Maternal Medicine networks across London Continue established links with HSIB and SI review process ATAIN programme – continue well developed processes within Trusts and reporting as required Reinforce Neonatal ODN collaborative working at NCL level and local Trust collaborative working with neonatal colleagues Develop leadership collaborative with NCL to review and oversee neonatal leadership at Trust and LMS level CNST plans submitted July 2019 	<p>More action on prevention and health inequalities</p> <p>B1 Smoking</p> <p>1.01 By 2023/24 all smokers admitted to hospital will be offered NHS-funded smoking cessation</p> <p>1.02 All expectant mothers and partners who smoke to be offered smoking cessation</p> <p>C1 Maternity and neonatal services</p> <p>1.01 Roll out the Saving Babies Lives Care Bundle across every maternity unit in England in 2019</p> <p>1.02 By Spring 2019, every Trust Will be part of the Maternal and Neonatal Health Safety Collaborative</p> <p>1.09 Redesign and expand neonatal critical care services with the introduction of more neonatal intensive care cots</p> <p>1.10 Extra neonatal nurses and expanded roles for some allied health care professionals</p>
<p>Quality and Safety – data and information</p>	<ul style="list-style-type: none"> Development of NCL level maternity dashboard Submit data to pan-London maternity dashboard 	<ul style="list-style-type: none"> Identify data sets to be shared across teams 	

NCL identified work streams	NCL achievements to date	Work in progress required for transition to full components of the Maternity Transformation Programme	Work area of the Long Term Plan
	<ul style="list-style-type: none"> Review of data from CQC surveys to inform local plans Mandatory data collection for implementation of MSDS2 <p>All Trusts complaint with CCG IAF indicators including: neonatal mortality and stillbirths, women's experience of maternity services, choices in maternity services and maternal smoking at time of delivery</p>	<ul style="list-style-type: none"> Identify It platforms currently used for each data set and issues/barriers to sharing of information Work with Trust IT departments to resolve issues of new electronic systems in place that are causing issues in extracting data required to support maternity service provision and development Review and standardisation of NCL wide birth centre criteria 	
<p>Quality and safety - revision of maternity trajectories – extended perinatal (including stillbirths, neonatal and intrapartum brain deaths)</p>	<p>Extended perinatal (stillbirth and neonatal deaths) Baseline 2015/16 107 cases (27 cases per quarter with a rate of 5.31 per 1000 births)</p>	<p>Extended perinatal trajectory March 2020 (96 cases per quarter with a rate of 4.72 per 1000 births)</p> <p>Extended perinatal trajectory March 2021 (89 cases per quarter with a rate of 4.37 per 1000 births)</p>	<p>More action on prevention and health inequalities</p> <p>B1 Smoking</p> <p>1.01 By 2023/24 all smokers admitted to hospital will be offered NHS-funded smoking cessation</p> <p>1.02 All expectant mothers and partners who smoke to be offered smoking cessation</p> <p>C1 Maternity and neonatal services</p> <p>1.01 Roll out the Saving Babies Lives Care Bundle across every maternity unit in England in 2019</p> <p>1.02 By Spring 2019, every Trust Will be part of the Maternal and Neonatal Health Safety Collaborative</p> <p>1.09 Redesign and expand neonatal critical care services with the introduction of more neonatal intensive care cots</p> <p>1.10 Extra neonatal nurses and expanded roles for some allied health care professionals</p>
<p>Choice and personalisation</p>	<ul style="list-style-type: none"> Engaged service users to map what factors impact their choices of birth setting and understand what resources they require to make an informed choice Use data from Birthrate+ in Trust plans developed Developed a PPVP report to understand the needs of vulnerable women and groups and adapt service delivery for their needs Mapped the process for each Trust for offering women a choice of birth setting Develop PPI training materials for staff to encourage choice and personalisation conversations Develop a website to host information for women, their 	<ul style="list-style-type: none"> Learning from Maternity Pioneer pilot sites and implement best practice Widening and deepening choice – place of birth and mode of birth Further develop individualised personal care plans and recording of conversations at every contact Development of a local Directory of Services (DOS) across NCL to signpost women and maternity staff to local support services and inform decision-making Audit use of the personalised care planning toolkit and adapt as necessary Continue work from PPVP report with Birth Companions enhanced project With appointment of Choice & Personalisation Clinical Lead, 	<p>A4 People will get more control over their own health and more personalised care</p> <p>4.01 A systematic approach to engaging patients in decisions about their health and wellbeing will be adopted and support and help will be provided to train staff to have the conversations which help patients make the decisions that are right for them</p> <p>4.03 Roll out the NHS Personalised Care model across the country by 2023/24</p> <p>4.06 With patients, families, local authorities and voluntary sector, the NHS will personalise care to improve end of life care through roll out of training to help staff identify and support relevant patients</p> <p>C Care quality outcomes</p> <p>9 Diabetes</p> <p>9.03 By 2020/21 all pregnant women with type 1 diabetes will be offered continuous glucose monitoring</p>

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	<p>families and healthcare professionals</p> <p>Data submitted to NHS England Q4 2018/19 (maternity transformation quarterly report)</p> <p>Personalised care baseline 0% Q1 (36%) Q2 (34%) Q3 (43%) Q4 (45%)</p> <p>Choice baseline 100% All quarters reported 100%</p>	<p>undertake staff, GP and service user interviews to ascertain how choice conversations are perceived and understood and map their knowledge of local services and informed choice</p> <ul style="list-style-type: none"> Implement the PPI training materials developed Link website developed to MyhealthLondon website Define the metrics for personalisation and choice across the pathway to assist data collection 	
<p>Choice and personalisation – review trajectories for provision of personalised care planning</p>	<p>Personalised care planning Baseline 2015/16 0%</p> <p>Data submitted to NHS England Q4 2018/19 (maternity transformation quarterly report)</p> <p>Personalised care baseline 0% Q1 (36%) Q2 (34%) Q3 (43%) Q4 (45%)</p> <p>Choice baseline 100% All quarters reported 100%</p>	<p>Personalised care planning Trajectory March 2020 – 75% of all women booked receiving personalised care planning Trajectory March 2021 - 100% of all women booked receiving personalised care planning</p> <ul style="list-style-type: none"> Work plan in place to increase midwifery led births by means of engagement activities, regular audit and evaluation 	
<p>Choice and personalisation – single point of access (SPoA)</p>	<ul style="list-style-type: none"> Development of a website for women, their families and maternity healthcare professionals providing information on local maternity services 	<ul style="list-style-type: none"> Focus on information for the website to enable women to book directly with their chosen provider by means of a link page to each provider and host referral proformas Possible future work to include a centralised referral booking system if funding is available Develop a directory of services (DOS) to support the local maternity offer and local information to support the website content 	<p>B5 Stronger NHS action on health inequalities 5.03 All local health systems to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29</p>
<p>Workforce (previously collaborative working work stream)</p>	<ul style="list-style-type: none"> Map the skill mix and size of workforce providing antenatal and postnatal care for each Trust and the volume of women they provide care to Development of standardised NCL training material on delivering NCL-wide model of care for delivering community maternity services (to include 	<ul style="list-style-type: none"> Implement use of the Capital Midwives maternity passport Implement use of the HEE workforce modelling tool (Tableau) across all providers In conjunction with Trust HR teams and STP work streams, develop a detailed workforce plan for midwifery, obstetrics and support 	<p>C1 Maternity and neonatal services 1.03 In 2019, 20% of pregnant women will be offered the same midwife caring for them throughout their pregnancy, during birth and postnatally to extend to most women by March 2021</p> <p>D Staff will get the backing they need 4.01 NHS Improvement committed to improving staff retention by at least 2% by 2025, the equivalent of 12,400 additional nurses, with support from NHS Improvement's Retention Collaborative</p>

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	<p>pathways, protocols, templates and site specific inductions)</p> <ul style="list-style-type: none"> Developed plan for delivering training to all staff across NCL working in a community setting Train staff on delivering NCL wide model of care for delivering community maternity services Engagement with Capital Midwife Programme at a strategic level Further development, pilot and evaluation of the Pocketbook App for maternity staff 	<p>services taking account of the initial findings from the community pilots</p> <ul style="list-style-type: none"> Further development of the Midwives Pocketbook App 	<p>4.02 Following agreement of the HEE training budget in this year's Government Spending Review, we will expect to increase investment in CPD over the next five years to support retention</p> <p>4.05 Investment of up to £2 million a year from 2019/20 to reduce violence, bullying and harassment and a further £8 million by 2023/24 to pilot the use of body cameras to keep staff safe</p> <p>4.07 Each NHS organisation will set its own target for BAME representation across its leadership team and broader workforce by 2021/22</p>
Continuity of carer	<ul style="list-style-type: none"> Development of two community hubs to test new models for continuity of carer Economic analysis developed at NCL level for caseloading and continuity of carer models Adherence to national guidance on continuity of carer and local planning Mapped existing community midwifery hubs available Scoping exercise undertaken to support delivery of continuity of carer Developed models across complete maternity pathway 	<ul style="list-style-type: none"> Continue to identify and map number of women on continuity of carer pathways to meet targets set Expand community hub models across NCL Re-established Continuity of Carer working group 	<p>B5 Stronger NHS action on health inequalities</p> <p>5.04 By 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife</p> <p>C1 Maternity and neonatal services</p> <p>1.03 In 2019, 20% of pregnant women will be offered the same midwife caring for them throughout their pregnancy, during birth and postnatally to extend to most women by March 2021</p> <p>9 Diabetes</p> <p>9.03 By 2020/21 all pregnant women with type 1 diabetes will be offered continuous glucose monitoring</p> <p>E Digitally enabled care</p> <p>2 Supporting health and care professionals</p> <p>2.01 Over the next three years all staff working in the community to have access to mobile digital services, including the patient's care record and plan</p>
Continuity of carer – revision of trajectories for delivery of continuity of carer models	<p>Continuity of carer Baseline 2015/16 0%</p> <p>Data submitted to NHS England Q4 2018/19 (maternity transformation quarterly report)</p> <p>Baseline 0% Q1 (15) Q2 (1%) Q3 7%) Q4 (10%)</p>	<p>Continuity of carer Trajectory March 2020 – 35% at both Trust and LMS level of women on full continuity of carer models (target groups) Trajectory March 2021 – national trajectory awaited (<i>possibly 50%</i>)</p>	<p>B5 Stronger NHS action on health inequalities</p> <p>5.04 By 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife</p> <p>C1 Maternity and neonatal services</p> <p>1.03 In 2019, 20% of pregnant women will be offered the same midwife caring for them throughout their pregnancy, during birth and postnatally to extend to most women by March 2021</p>
Postnatal care	<ul style="list-style-type: none"> Mapping of community locations providing antenatal and postnatal care and the number of clinics offered each week, to identify community hubs Children centre locations mapped Development of London-wide postnatal boundary mapping to 	<ul style="list-style-type: none"> Appointment of a Postnatal Clinical Lead to develop implementation plan by end October 2019 High level gap analysis underway and full gap analysis will be completed when national postnatal guidance published (expected August 2019) 	<p>A new service model for the 21st century</p> <p>4 People will get more control over their own health and more personalised care</p> <p>4.01 A systematic approach to engaging patients in decisions about their health and wellbeing will be adopted and support and help will be provided to train staff to have the conversations which help patients make the decisions that are right for them</p> <p>B More action on prevention and health inequalities</p> <p>5 Stronger NHS action on health inequalities</p>

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	enable women to find details of their local postnatal care providers	<ul style="list-style-type: none"> Map the settings (acute and community) provide by each Trust Review the literature offered to women for postnatal care Map health visiting services across the boroughs Map GP surgery locations across NCL Identify the number of women (% of deliveries in catchment) accessing postnatal care at each community and Trust site by Trust team Engage with service users to understand views on choice and personalisation of postnatal care Map community postnatal care service pathway, including access to services and discharge, and engagement with other services including acute obstetric; midwifery; paediatrics; health visiting; social services, PMH; vulnerable teams (by Trust) Review existing documentation relating to services e.g. policies and procedures, forms and templates by Trust Develop vision for the NCL Community postnatal care model of care/pathway for out of borough women living on or near the border of neighbouring Trusts at which they are delivered, especially in relation to vulnerable women and those with social care needs 	<p>5.04 By 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of carer from their midwife</p> <p>C Care quality and outcomes 1 Maternity and neonatal services 1.06 Expand evidence based psychological therapies and support 1.07 Ensure women have access to multidisciplinary pelvic health clinics and pathways 1.08 All maternity services that do not deliver an accredited, evidence-based infant feeding programme, will begin the accreditation process n 2019/20</p>
Enabler – patient and public participation	<ul style="list-style-type: none"> Development of NCL MVP Steering Group Funding for development of four local MVPs across NCL Development of communication and engagement strategy 	<ul style="list-style-type: none"> Each MVP produced a work plan, based on CQC survey results and PPVP report 	
Enablers – perinatal mental health	<ul style="list-style-type: none"> Work with STP PMH work stream to implement and monitor outcomes from specialist perinatal services Ensure there is adequate representation from PMH 	<ul style="list-style-type: none"> Continue work established across North London Partners (STP) for development of specialist PMH services at intrapartum and postnatal pathways Hub and spoke model developed with psychiatry and mental health 	<p>C1 Maternity and neonatal services a. 30,000 women getting Specialist perinatal mental health help by 2020/21; an additional 24,000 women per year by 2023/24; extension of care to 24 months postnatally (currently 12 months) 1.06 Expand evidence based psychological therapies and support</p>

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	providers within the LMS Board and Quality & Safety work stream	<p>practitioners input within each borough and these are based around those on the acute maternity footprint</p> <ul style="list-style-type: none"> • Ensure knowledge by maternity staff of these services and appropriate signposting for women and their families • Further development of these services to be community based to ensure services are equitable for specialist and lower tier support can be strengthened • Identify PMH practitioners to join the Q&S work stream 	
Enablers – digital technology	<ul style="list-style-type: none"> • Work with NHS Digital and the STP Digital work stream to develop a plan for implementation of digital solutions in NCL, including in the first instance work around for the community hub pilot learning 	<ul style="list-style-type: none"> • Develop vision for the NCL shared data/IT data set and issues/barriers to sharing of information • Evaluate vision with service users and other key stakeholders • Implement shared data/IT models • Awaiting centralised work at a national level on NHS Digital connectivity for maternity services and service users, in particular to allow sharing of data across different systems 	<p>C1 Maternity and neonatal services 1.04 Maternity digital records offered to 100,000 of women by the end of 2019/20, expanded to all women by 2023/24</p> <p>E Digitally enabled care 1 Empowering people 1.02 In 2019/20, 100,000 women will be able to access their maternity record digitally with coverage extended to the whole country by 2023/24 and a digital version of the 'red book' available</p> <p>2 Supporting health and care professionals 2.01 Over the next three years all staff working in the community to have access to mobile digital services, including the patient's care record and plan</p>
Enablers – maternity payment system and finances	<ul style="list-style-type: none"> • Extension of resources to support Early adopter programme to March 2019 • Strengthening of case for change section 1.2 including financial planning • Development of an economic analysis model for continuity of carer 	<ul style="list-style-type: none"> • Further develop the work of the financial modelling for current services in place to ensure sustainability of these service models • Further changes are expected to the intrapartum and postnatal tariff. However, the total amount of funding within the quantum for maternity remains unchanged and therefore no additional funding will be available. The Lead for Maternity Commissioning is part of the national pathway tariff group and so is able to keep the LMS informed of progress • Agreement across the STP footprint will assist in changes taking place within the maternity tariff or a wider scale and to change the ways in 	<p>F Taxpayers investment 2 The NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care 2.04 The NHS will reduce variation across the health system, improving providers' financial and operational performance</p>

NCL identified work streams	NCL achievements to date	Work in progress required for transition to full components of the Maternity Transformation Programme	Work area of the Long Term Plan
		which maternity budgets are managed <ul style="list-style-type: none"> A detailed plan is required so that options for this can be explored NCL-wide procurement group to be set up to look at cost savings across all Trust sites 	
Enablers – prevention and preconception	<ul style="list-style-type: none"> Development of Smoke Free pregnancy project collaboratively with public health Review of birth data projections and health needs analysis for all five boroughs Worked with public health leads and STP work stream to highlight elements of prevention agenda 	<ul style="list-style-type: none"> Extension of the Smoke Free pregnancy project with additional funding for 2019/20 Representation at NCL level public health groups and activities (NCL Maternity Lead Commissioner) 	More action on prevention and health inequalities B1 Smoking 1.01 By 2023/24 all smokers admitted to hospital will be offered NHS-funded smoking cessation 1.02 All expectant mothers and partners who smoke to be offered smoking cessation C1 Maternity and neonatal services 1.07 Ensure women have access To multidisciplinary pelvic health clinics and pathways 1.08 All maternity services that do not deliver an accredited, evidence-based infant feeding programme, will begin the accreditation process in 2019/20
Revision of maternity trajectories – extended perinatal (including stillbirths, neonatal and intrapartum brain deaths) Continuity of carer Personalised care planning	Extended perinatal (stillbirth and neonatal deaths) Baseline 2015/16 107 cases (27 cases per quarter with a rate of 5.31 per 1000 births) Continuity of carer Baseline 2015/16 0% Data submitted to NHS England Q4 2018/19 (maternity transformation quarterly report) Baseline 0% Q1 (15) Q2 (1%) Q3 7%) Q4 (10%) Personalised care planning Baseline 2015/16 0% Data submitted to NHS England Q4 2018/19 (maternity transformation quarterly report) Personalised care baseline 0% Q1 (36%) Q2 (34%) Q3 (43%) Q4 (45%) Choice baseline 100% All quarters reported 100%	Extended perinatal trajectory March 2020 (96 cases per quarter with a rate of 4.72 per 1000 births) Extended perinatal trajectory March 2021 (89 cases per quarter with a rate of 4.37 per 1000 births) Continuity of carer Trajectory March 2020 – 35% at both Trust and LMS level of women on full continuity of carer models (target groups) Trajectory March 2021 – national trajectory awaited (<i>possibly 50%</i>) Personalised care planning Trajectory March 2020 – 75% of all women booked receiving personalised care planning Trajectory March 2021 - 100% of all women booked receiving personalised care planning	More action on prevention and health inequalities B1 Smoking 1.01 By 2023/24 all smokers admitted to hospital will be offered NHS-funded smoking cessation 1.02 All expectant mothers and partners who smoke to be offered smoking cessation C1 Maternity and neonatal services 1.01 Roll out the Saving Babies Lives Care Bundle across every maternity unit in England in 2019 1.03 By Spring 2019, every Trust Will be part of the Maternal and Neonatal Health Safety Collaborative 1.09 Redesign and expand neonatal critical care services with the introduction of more neonatal intensive care cots 1.10 Extra neonatal nurses and expanded roles for some allied health care professionals C1 Maternity and neonatal services 1.03 In 2019, 20% of pregnant women will be offered the same midwife caring for them throughout their pregnancy, during birth and postnatally to extend to most women by March 2021

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