



Achieving 35% Continuity of Carer across BNSSG LMS

March 2021

Project Overview

Project Code			
Start Date	01/09/2020	End Date	31/03/2021
Programme Area	Maternity		
Project Manager / Lead	[REDACTED] Clinical Lead Midwives for BNSSG LMS		
Programme Manager	[REDACTED]		

Project Information

Executive Summary	<p>Provide a brief summary of the change you intend to make. How are you achieving these changes and why.</p> <p>Background</p> <p>Better Births, the report of the National Maternity Review, set out a vision for maternity services in England which are safe and personalised; that put the needs of the women, her baby and family at the heart of care; with staff who are supported to deliver high quality care which is continuously improving. At the heart of this vision is the idea that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth.</p> <p>This continuity of carer and relationship between care giver and receiver has been proven to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and</p>
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personal experience; and was the single biggest request of women of their services that was heard during the Review.

Better Births found that some women were receiving this care, and recommended that the NHS in England should roll out continuity of carer to a much greater number of women. Since Better Births was published, Local Maternity Systems have come together across 44 geographies in England, with leadership, governance and the commitment to transform services to meet the expectations of their women and communities.

Our main priority is to implement continuity of carer for at least 35% of women by March 2021, with the number of women receiving continuity of carer growing demonstrably towards meeting the goal of most women. As part of this, the local maternity systems will ensure that the proportion of Black and Asian women and those from the most deprived neighborhoods will be on continuity of carer pathways which exceeds the proportion in the population as a whole. This is in line with the NHS Long Term Plan commitment that by 2024 75% of women from these groups will receive continuity of carer, and is more urgent in light of the increased risk facing Black and Asian women of both poor maternity outcomes and outcomes from COVID-19.

Demographic profile

The BNSSG area has one major city centre, several towns, and a surrounding rural area. 42 super output areas are in the 10% most deprived in England and 16% of Bristol's population live in these areas (up from 14% in 2010). 23% of children live in low income families which is higher than the England average (20.1%) The diversity of the population varies greatly. In central Bristol 49% of all children (0-15 years) are from black and minority ethnic populations rising to 83% in Lawrence Hill. In South Bristol 13% of children are black and ethnic minority with the lowest proportion being 6% in Whitchurch Park.

While Bristol is predominantly urban, in North Somerset 40% of the population live in rural areas, however this is skewed towards the older age group. There are high levels of deprivation in Weston Super Mare which has 18 super output areas in the most deprived quartile nationally. North Somerset has a less ethnically diverse population. The highest concentration of black and ethnic minority communities is in Weston Super Mare Central (8%) and the lowest in Clevedon (1%).

South Gloucestershire is generally more affluent with no super output areas in the 10% most deprived nationally, and 30% in the least 10% deprived nationally. The overall black and ethnic minority population is 5%. As in the rest of the area, the 0-15 age group is the most diverse but remains 90.2% white British, with 2.4% other white, 3.6% mixed ethnic group, 2.6% Asian or Asian British and 0.8% Black or Black British.

North Somerset has the highest fertility rate at 64.7 (1.9 births per woman), followed by South

	<p>Gloucestershire at 61.8 (1.8 births per woman). Bristol has the lowest rate at 58.6 with 1.7 births per woman, despite having a higher percentage of women in the 15 – 45 age group than other areas.</p> <p>The number of births to women from black and minority ethnic backgrounds has increased in both North Somerset and South Gloucestershire between 2012-13 and 2015-16 (ONS data). In North Somerset the increase was from 3% to 6% and in South Gloucestershire from 5.5% to 10.1%. The percentage in Bristol remained stable at 18.8% over the same period.</p>
<p>Aims & Objectives</p>	<p>The overall aim of the project is to ensure that over 51% of women from the BNSSG area are on a Continuity of Carer pathway by March 2022.</p> <p>Therefore by March 2021, the following women should be placed on continuity of carer pathways:</p> <ul style="list-style-type: none"> • At least 35% of all women booked; • At least 35% of all Black and Asian women booked; • At least 35% of all women booked from the most deprived 10% of areas. <p>Being ‘placed’ on a continuity of carer pathway means that a woman has received care from a midwife/team who aims to provide all her antenatal, intrapartum and postnatal care, as set out above. A woman should be ‘placed’ on a continuity of carer pathway as early as possible – to give the woman maximum opportunity to build a trusting relationship with their midwife, and realise the benefits set out in evidence – and certainly by the 28 weeks antenatal appointment at the very latest, to be counted nationally.</p>
<p>Expected Outcome and Overview of Benefits</p>	<p>Women will receive more personalised, kinder and safer care, which will improve outcomes.</p>
<p>Background and Evidence Base</p>	<p>Evidence shows that continuity models improve safety and outcomes. In particular, it shows that women who had midwife-led continuity models of care were:</p> <ul style="list-style-type: none"> • Seven times more likely to be attended at birth by a known midwife • 16% less likely to lose their baby and 19% less likely to lose their baby before 24 weeks • 24% less likely to experience pre-term birth • 15% less likely to have regional analgesia • 16% less likely to have an episiotomy. <p>Implementing continuity of carer is therefore an important tool in meeting our ambition to reduce rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% by 2020 and 50% by 2030.</p>

Scope, Interdependencies and Assumptions

Scope	
What is within scope?	<p>The project will design and implement continuity of carer teams to achieve the targets set out by NHS England by March 2021. Achieving the target will require the minimum of 4,000 women to be on a Continuity of Carer pathway by March 2021. This means a minimum of 115 WTE midwives across BNSSG will need to be re-trained and relocated to provide this service. Safe staffing levels in each trust will need to be maintained prior to commencing this change in service provision</p> <ul style="list-style-type: none"> · Each trust will consult with their staff in regards to changes in working practices to move to a different way of working. · The LMS will work with Public Health England to ensure that the correct demographics will be used. · Re designing the maternity booking system to ensure that women are placed in the correct team and each individual midwife in the team has the correct caseload to ensure work life balance. · Refreshing skills training so that midwives are competent and confident in all areas of the maternity service. Including finance to support back fill for this training. · Each team has a lead obstetric consultant to work with in line with the transformation plan. · Ensure that each team has a hub that they can work out of. This hub needs to be available in out of office time, so women can have more flexibility and choice in their care. The hub also needs to be in a place which women can access care conveniently. This will require support from Healthier Together to ensure appropriate premise will be acquired before the teams can commence. · Ensure that each hub has adequate hardware devices and connect ability so midwives can access the systems they need to support their work. This will require financial support · Ensuring adequate monitoring is in place. · Ensure additional IT and clinical equipment is procured <p>The current target date for implementation is 31st March 2021. This is to be in line with the launch of all the teams. In reality this will mean most of the teams will already be in place before the target date.</p>
What is outside of scope?	<ul style="list-style-type: none"> · Women who move into the area. · Women who live outside of BNSSG area who deliver in either trust due to maternal medicine or NICU reasons. · Women, who live in either NBT or UHBW community area, but choose to deliver in the neighboring trust including University Hospital Bath, Musgrove Hospital and Gloucestershire.

Interdependencies	
Please detail all dependencies	<ul style="list-style-type: none"> · Support from public health England in relation to : <ul style="list-style-type: none"> ○ Black and Asian women’s demographic ○ Areas of deprivation · Working with the Healthier Together in regards to appropriate premises · The two Trusts working alongside each other to ensure that the target populations have the correct continuity of carer teams supporting them. · LMS supporting any identifiable financial shortfalls to implement the role out of the teams.

Assumptions	
Assumptions	<ul style="list-style-type: none"> · Financial support will be receive from NHS England via funding through the LMS · Staff Consultation will be successful · Continue with safe levels of staff recruitment and retention. · HEE will fund the Practice Education Facilitators role, to support staff with refreshing skills.

Constraints	
Constraints	See Risks

Project Costs		
Description of Costs	Estimation of Planned Costs (£000s)	Confidence Level of Spend
Supernumerary time for refreshing skills	NBT £81,576 UHBW £89,103	
Practice Education Facilitator (1 per Trust)	£104,468	
Equipment, Laptops, phones home birth bags	NBT £70,344 and UHBW £40,134	
Total Spend	£385,625	

Savings Summary

Description of Saving	Estimate of Savings (£000s)	Confidence Level of Savings
No Savings		

Measurement Framework

Evaluation and Measurement Framework

The monitoring of the numbers of women who have received continuity of carer will be monitored by NHSE along three specific nationally defined measures, using data submitted by provider Maternity Information Systems to the Maternity Services Data Set (MSDS).

The metric will look at all women who reach 29 weeks gestation in March, and will count how many by this point have been placed onto a continuity of carer pathway and assigned a named lead midwife and team, as indicated on their maternity care plans. Within this, two measures will look specifically at women who are recorded as Black and Asian, as set out in the NHS Data Model and Dictionary and The most deprived 10% of areas are those defined by the 2019 Index of Multiple Deprivation (IMD). Maternity Providers should identify women from these areas using postcode recorded at booking.

Key Performance Indicators

Lead Indicators / Key Performance

Proposed key indicators.

Women successfully completing a Continuity of Carer pathway including maternity booking, antenatal, intrapartum and postnatal care delivered by her team.

- Data will be collected through the Maternity Services Data Set (MSDS).
- Business Intelligence resource from both trusts will be required to assist in the data collection and processing.

Timescales (Tasks and Milestones)

Milestones and Tasks	Start date	End date
Staff Consultation across BNSSG	07/09/20	06/10/20
UHBW -Consultation	07/09/20	06/10/20
NBT - Consultation	30/06/20	Ongoing
NBT and UHBW to review borders to ensure CoC in main target areas achieved by March 2021	05/10/20	19/10/20
Data analysis to understand the numbers of women in the current catchment area to ensure that the caseloads are designed around model type	07/10/20	Completed
Work with public health to ensure the correct areas are targeted	21/09/20	Completed

CoC implementation plan across BNSSG – See Appendix 1 for further data

CoC teams	% of BNSSG Women on a CoC pathway at 29/40 in March 2021	% of BNSSG BAME Women on a CoC pathway at 29/40 in March 2021	% of BNSSG Women living in IDM 1 Postcode on a CoC pathway at 29/40 in March 2021	Implementation dates		
				Jan-21	Feb-21	Mar-21
Birch Tree Team	2.95	0.00	16.53			
Lilac Team	8.25	8.74	25.62			
Yellow Team	10.90	10.68	25.62			
Jade Team – Cossham Birth Centre	11.10	10.68	25.62			
Cedar Team – Specialist Team	11.81	11.65	25.62			
Juniper Team	15.78	22.33	33.06	04-Jan		
Maple Tree Team	19.65	22.33	43.80		01-Feb	
Granby Oak Team	24.95	26.21	46.28		15-Feb	
Rowan tree Team	28.72	26.21	47.93			01-Mar
Red Team	33.20	29.13	47.93			
Pink Team	37.78	33.98	47.93			
Pearl Team	43.48	47.57	52.89			

Stakeholder Analysis

Stakeholders	Women and families of BNSSG LMS
Comms Plan on engagement and Frequency	The LMS has worked with Service users and Service providers to develop plans.

Risks and Issues

Please describe how risks and issues have been identified and the relevant mitigating actions as appropriate.

Description of risk / issue	Mitigating Action (inc. date due)	Impact if not mitigated
Funding from NHS England not available	Utilise LMS Funding Business Case to operating plan for Funding for financial year 21/22	BNSSG LMS will not achieve 35% CoC by March 2021.
Delay in completing staff consultation to change in working practices.	Support from the RCM Support from Human Resources	Delay in staff consultation will affect the role out of the teams.
Maintaining safe staffing levels	Increase in student training UWE train students to CoC practice Proactive recruitment campaign Monitoring establishment	Delay or suspension of project
Premises fit for purpose	Work with the BNSSG STP to find appropriate premises	Delay in rolling out teams
Covid 19 – Returning to full lock down		Delay in rolling out project
Consistent senior midwifery leadership across the LMS, UHW and NBT	Maternity Senior leadership is support.	Delay in rolling out teams.
Maternity staff burnout due to Covid 19	Decompression period Support from Senior leadership RCM support Professional Midwifery Advocate support	Delay in rolling out teams
Safety of maternity unit	Monitoring outcomes Unit Closures Incidents HSIB investigations	Suspension of project

Appendix 1

CoC teams	% of BNSSG Women on a CoC pathway at 29/40 in March 2021	% of BNSSG BAME Women on a CoC pathway at 29/40 in March 2021	% of BNSSG Women living in IDM 1 Postcode on a CoC pathway at 29/40 in March 2021	Implementation dates			A*	B*	C*	% of NBT Women on a CoC pathway at 29/40 in March 2021	% of NBT BAME Women on a CoC pathway at 29/40 in March 2021	% of NBT Women living in IDM 1 Postcode on a CoC pathway at 29/40 in March 2021	% of UHBW Women on a CoC pathway at 29/40 in March 2021	% of UHBW BAME Women on a CoC pathway at 29/40 in March 2021	% of UHBW Women living in IDM 1 Postcode on a CoC pathway at 29/40 in March 2021
	982	103	121	Jan-21	Feb-21	Mar-21				513	62	35	469	41	86
Birch Tree Team	2.95	0.00	16.53				29	0	20				6.18%	0.00%	23.26%
Lilac Team	8.25	8.74	25.62				52	9	11	10.14%	14.52%	31.43%			
Yellow Team	10.90	10.68	25.62				26	2	0	15.20%	17.74%	31.43%			
Jade Team – Cossham Birth Centre	11.10	10.68	25.62				2	0	0	15.59%	17.74%	31.43%			
Cedar Team – Specialist Team	11.81	11.65	25.62				7	1	0	16.96%	19.35%	31.43%			
Juniper Team	15.78	22.33	33.06	04-Jan			39	11	9				14.50%	26.83%	33.72%
Maple Tree Team	19.65	22.33	43.80		01-Feb		38	0	13				22.60%	26.83%	48.84%
Granby Oak Team	24.95	26.21	46.28		15-Feb		52	4	3				33.69%	36.59%	52.33%
Rowan tree Team	28.72	26.21	47.93			01-Mar	37	0	2				41.58%	36.59%	54.65%
Red Team	33.20	29.13	47.93				44	3	0	25.54%	24.19%	31.43%			
Pink Team	37.78	33.98	47.93				45	5	0	34.31%	32.26%	31.43%			
Pearl Team	43.48	47.57	52.89				56	14	6	45.22%	54.84%	48.57%			