

Overview of our current system

The South East London (SEL) Local Maternity and Neonatal System (LMNS) is a partnership between providers, commissioners, user representatives and other stakeholders working together to improve maternity and immediate neonatal care and is the maternity arm of the Integrated Care system (ICS). The LMNS has responsibility for overseeing maternity and neonatal and maternity improvement and quality and safety.

Strengths / opportunities

Collaboration/Sharing and Learning - Significant work has taken place over recent years to establish relationships and system wide working to improve maternity and neonatal care across SEL enabling maternity and neonatal services to share and learn together leading to joint service delivery that supports good care wherever you live or whoever you are.

Transparency – an increase in openness and transparency means that the LMNS is in a better position now than ever to understand the challenges that maternity and neonatal services and the people that use the services face and work together to tackle these.

Equality and Equity Action Plan

Several community engagement projects have taken place over the last year, which has provided the LMNS with key information and feedback from the communities we serve with a focus on those that are underrepresented.

Challenges

Inequalities – Black, Asian and mixed ethnicity women and birthing people, and those living in deprivation continue to have disproportionately poorer maternal and neonatal outcomes compared to their white counterparts

Workforce – Maternity and neonatal services are experiencing significant staffing challenges with the delivery of basic services and can affect improvement or transformation programme implementation. This is not specific to SEL and is a national problem.

Communication

Unfortunately, we know that women and birthing people in SEL do not always feel listened to or receive good communication and inclusion about their care and choices.

Co-production

Planning the delivery of services does not always take place with service users.

What we've heard from the public

Women and birthing people want to be treated with kindness and compassion, listened to and involved in their care decisions.

Areas for improvement include:

- Better communication and information, especially when English is not the first language
- Improved understanding of cultures
- Individualised care
- Inconsistent access to antenatal and postnatal care and impact of the absence of family support and financial constraints on wellbeing within under-represented communities.

Maternity - Our vision and objectives

Our vision

South East London Local Maternity and Neonatal System (LMNS) has an ambition that women, birthing people, babies, and their families experience high quality, joined up, compassionate care during pregnancy, labour, birth and beyond. They should be informed and supported to make choices that are right for them, and where there is a higher chance of complications and additional or different care is required, this is planned with the woman/birthing person, individualised to their needs and provides safe care with a positive outcome. As a system we will continually strive to improve maternity and neonatal services and the experience of women, birthing people and their families.

Our key objectives – what we want to achieve over the next five years

- Deliver the actions set out in the LMNS refreshed **equality and equity** action plan ensuring that all women and birthing people receive high quality safe care
- Work as a system to **reduce unwarranted variation** across the maternity units and boroughs ensuring fairness to all.
- **Reduce preventable maternal and neonatal morbidity and mortality** through the delivery of national improvement programmes and local learning.
- **Embedding pelvic health services** and improving postnatal physiotherapy as per national guidance and local feedback.
- Support maternity services to deliver a **model of care that is personalised** for all women and birthing people.
- Embed the maternal medicine network ensuring that women and birthing people with **complex medical conditions** are cared for in the right place by the right people.
- **Strengthen perinatal mental health services** including implementation of the maternal mental health service via mental health providers, ensuring that women/birthing people who have suffered a bereavement, and/or have a fear of childbirth receive the psychological support they need.
- Continue to **engage and hear from our maternity and neonatal communities** ensuring that they are central to care planning.
- Look to provide a **preconception health offer** that will support the planning of health pregnancy
- Work towards creating a **sustainable maternity and neonatal workforce** through future planning, continued recruitment and support for staff retention and consider staffing models which will support the reduction of clinical staffing gaps.
- Collaborate with CYP programmes of work **to ensure birth to age 5 plans are joined up** enabling best use of resource and skill.
- Ensure there is appropriate **sustainable funding for the LMNS operational team** which is critical to the success and delivery of the maternity programme.

Maternity - Our priority actions

Our priority actions – what we will do

1

Reduce inequalities and increase equity in maternity/neonatal services for women/birthing people and staff - ensuring that care is personalised with the woman/birthing person at the centre and that there are equal opportunities for all staff especially those from minority backgrounds

2

Reduce avoidable maternal and neonatal mortality and morbidity through local and national programmes – continue current programmes of work to reduce morbidity and mortality, and implement new initiatives and expectations of the 'Three-year delivery plan for maternity and neonatal services'

3

Continue to work closely with the Maternity and Neonatal Voices Partnerships (MNVPs) to collaborate and co-produce LMNS plans and work – our priority will be to support each of the six MVPs within SEL, ensuring they are the user voice within maternity services, and expand their membership ensuring they are representative of the communities that we serve.
Improve engagement with local communities to support future work – continuation of the SEL LMNS engagement plan to hear the voice of under-represented women and birthing people and integrate these voices into future service delivery improvements and transformation.

4

Preconception health – work with system wide partners to provide a preconception health offer.

5

Workforce – support maternity services with workforce and staffing plans utilising any recruitment resource available and improving retention rates of staff. Create a stable and substantive LMNS operational delivery team that can traverse across the system and operationalise the key actions required to deliver on the LMNS improvement plan.

Reduce inequalities

Reduce inequalities and increase equity in maternity and neonatal services for women/birthing people and staff

How we will secure delivery

Actions
for
24/25

- Commence the implementation the LMNS refreshed Equality and Equity action plan.
- Continue to prioritise actions and next steps through engagement with key stakeholders.
- Ensure all actions are overseen by the LMNS inequalities workstream and LMNS board.
- Review what additional resource/expertise is required to implement the plan.
- Engage with a wider network of stakeholders external to maternity to enable wide collaboration.
- Report on the SEL LMNS community engagement and recommendations from the outreach work
- Review maternity staffing data and support trusts with their equality and diversity plans via the LMNS workforce and education workstream.
- Support trusts with LMNS wide education and development of maternity and neonatal staff including future leaders
- Continue to review data collection and quality and work to address any gaps.
- Review the extent of digital exclusion across SEL
- Ensure maternity services are embedded within Family Hubs to increase access for women and birthing people from diverse communities on a local level

Actions
for
25/26

- Offer training and resources to help maternity providers implement best practice in using interpreters and cultural competency
- Devise workplan for the next two years
- Ensure maternity services are embedded within Family Hubs to increase access for women and birthing people from diverse communities on a local level
- Develop a LMNS maternity passport for women and birthing people with disabilities

Intended outcomes in 5 years' time

- We will have improved maternal and neonatal outcomes for Black, Asian, and ethnic minority women/birthing people, those living in deprivation and their babies, ensuring that ethnicity and socio-economic background does not impact on a having a positive and safe maternity experience.
- We will communicate and listen well to women and birthing people ensuring we are able to do this for everyone even when English is not their first language
- All staff working within maternity and neonatal units across SEL will have the same opportunities to develop and progress their careers, especially those from minoritised groups.
- All women/birthing people will experience culturally respectful and knowledgeable care from care providers that are valued and respected within their workplace.
- SEL LMNS will have an ongoing relationship with our maternity communities ensuring that feedback and co-production is a consistent part of service creation and delivery with the woman/birthing person/family at the centre.
- Quality of data will be robust and provide the basis for service improvement and where resource is required.

Maternity priority action 2 – maternal and neonatal mortality and morbidity

Maternal and neonatal mortality and morbidity

Reducing avoidable maternal and neonatal mortality and morbidity through local and national programmes

How we will secure delivery

Actions
for
24/25

- Continue to monitor maternity and neonatal quality and safety through LMNS process monitoring and system wide sharing and learning.
- Use data to provide targeted interventions to reduce perinatal mortality
- Support providers with the implementation of the Patient Safety Incident Response Framework (PSIRF)
- Continue work to improve data capture particularly around ethnicity and deprivation.
- Continue to oversee the implementation of key programmes and models shown to reduce poor outcomes e.g., the Saving Babies Lives Care Bundle (SBLCB), stop smoking services, 1001 days and Core20PLUS5.
- Review models of personalised care that would benefit those most in need.
- Start to implement the SEL preconception plan
- Continue to review data and evidence around enhanced continuity of carer for those most in need.
- Review maternal medicine network (MMN) pathways to ensure they remain best practice and evidence based and update, as necessary.
- Continue implementation of neonatal optimisation programmes as per the LMNS OPTIC workstream, including right place of birth for preterm babies.
- Ensure pelvic health services are embedded within the provider trusts.

Actions
for
25/26

- Continue to implement and oversee actions required from national programmes and the three-year delivery plan for maternity and neonatal services.
- Utilise evaluation of preconception, maternity and neonatal interventions to plan for future services.

Intended outcomes in 5 years' time

- We will have improved maternal and neonatal outcomes for Black, Asian, and ethnic minority women and birthing people, those living in deprivation and their babies ensuring that ethnicity and socio-economic background should not impact on a positive and safe maternity experience.
- Continue to reduce perinatal morbidity and mortality for women and birthing people and their babies across SEL.
- Provide personalised care pathways for all women/birthing people.
- Make certain women/birthing people with medical conditions are cared for by the right professionals in the right place.
- There will be reduced numbers of women and birthing people smoking at time of birth as they will receive the appropriate support to quit.
- Improved postnatal care pathways that provide the individualised care that women/birthing people need.
- Continue to improve the number of premature babies being born in the most appropriate place with the most appropriate neonatal care.
- There will be established care pathways that ensure mothers and babies are not separated if a baby requires extra support.
- There will be reduced rates of maternal obesity and pathways of support in place
- Perinatal mental health services will have been established ensuring those in need experience joined up individualised support with their mental health.

Maternity priority action 3 – Maternity and Neonatal Voice's Partnerships (MNVPs) and service user collaboration

Maternity voice partnerships and service user collaboration

Continue to work closely with the Maternity and Neonatal Voice's Partnerships and improve engagement with local communities.

How we will secure delivery

**Actions
for
24/25**

- Oversee plans to implement MNVP guidance as appropriate to SEL ensuring the neonatal aspect is fully integrated within current structures.
- Support and strengthen each local Maternity and Neonatal Voice's Partnership (MNVP) enabling them to work in the most inclusive and advantageous way through collaboration across the LMNS and using available resource to commission experts to support this.
- Support MNVPs to build on membership that represents the communities we serve, utilising external support with engagement.
- Consider further community engagement opportunities that will support collaboration with underrepresented pregnant women and birthing people, in response to the LMNS community engagement project findings.
- Continue to collect and monitor the maternity experience of women and birthing people through maternity services and local engagement.
- Ensure that multiple sources of service user feedback are used to continually inform service planning and transformation, and that service users can see the impact of their feedback on service delivery.

**Actions
for
25/26**

- Continue to support collaboration and co-production with the MNVPs and service users ensuring that their voices are embedded in service planning and provision
- Continue to review the needs of MNVP chairs

Intended outcomes in 5 years' time

- Maternity and Neonatal Voice Partnerships (MNVPs) will be representative of the communities that we serve
- MNVPs will be fully embedded within the LMNS, and user representatives will be involved in maternity service planning and transformation.
- The neonatal patient advisory group (PAG) will have direct involvement with service planning and transformation.
- SEL LMNS will have a continuous programme of service user feedback and community engagement that will feed into service planning and transformation.
- Data collection and quality will have improved significantly enabling a better understanding of local community demographics and the needs of those communities.

Maternal medicine network

Continue to embed the SEL LMNS Maternal Medicine Network (MMN)

How we will secure delivery

**Actions
for
24/25**

- Ensure that the SEL MMN is a fully commissioned service in line with NHSE recommendations.
- Carry out engagement and information sharing events within the community with a focus on areas of deprivation and women/birthing people from Black, Asian and Ethnic Minorities
- Continue to build on collaboration and co-production with all stakeholders including clinicians, commissioners and women and birthing people.
- Continued roll out of the educational programme for staff utilising local experiences
- Continue multi-disciplinary meetings to discuss specific cases and care planning.
- Oversee local key performance indicators and audit the metrics associated with these.
- Analyse clinic data to support KPI delivery
- Using effective communication to make sure women and birthing people and staff have the information to navigate the network and care pathways.
- Continue to support Kent & Medway MMN and Sussex MMN as they continue to establish their networks.

**Actions
for
25/26**

- Review the function of the network through audit and implement any changes required to the programme
- Consider research opportunities around the MMN and medical complexities that will feed into future service delivery.

Intended outcomes in 5 years' time

- SEL MMN will be fully embedded within SEL care pathways
- The network will have supported the sub hubs of Kent & Medway and Sussex ensuring they are fully established recognising that SEL MMN will continue to support them in some clinical capacity
- An established dataset which provides insight into SEL medical complexity that informs future service planning and care pathways will be in place.
- Working with women and birthing people with lived experience of serious medical conditions will be embedded within the network ensuring that services are co-produced.
- The MMN will have a network wide team that will make certain women/birthing people are cared for in the right place by the appropriate people.

Maternity priority action 5 – workforce

Workforce

Midwifery/Obstetric/Neonatal and LMNS workforce challenges

How we will secure delivery

Actions for 24/25

- Prioritise initiatives that support workforce retention and staff wellbeing across SE London.
- Oversee SEL initiatives via the LMNS workforce & education workstream.
- Ensure that there are progression pathways for maternity support workers who wish to undertake midwifery training.
- Support the student expansion programs to fill workforce gaps including midwifery students, obstetricians, neonatal nurses and other healthcare professionals such as sonographers and pelvic health physios.
- Work as a system to review potential to standardise preceptorship programs and share good practice initiatives that support newly qualified midwives
- Continue to participate in international recruitment programs.
- Secure sector wide data collection of workforce analysis.
- Secure recurrent funding for LMNS workforce to oversee, support and deliver the maternity programme
- Publicise and celebrate good practice where positive feedback is received from patients

Actions for 25/26

- Review workforce analysis and support planning that addresses workforce gaps with consideration for innovation on how the workforce is utilised to meet the demands of the service
- Be part of the wider Integrated Care System discussions to improve collaboration between maternity services and GPs, Health Visitors, Mental Health practitioners and others involved in maternity services

Intended outcomes in 5 years' time

SEL maternity and neonatal services will have sustainable workforce plans in place that;

- Provides the infrastructure that enables maternity and neonatal services in SEL to be a great place to work.
- Supports successful recruitment to key positions including succession planning for leadership positions.
- Supports the retention of staff because their value, knowledge and skill is recognised.
- Ensures midwifery and nursing students are supported appropriately so they want to remain working within the system.
- Attracts international professionals.
- Enables a flexible and adaptable workforce.
- Provides working environments supportive of staff health and wellbeing.

The ICB;

- The LMNS operational team are resourced appropriately to deliver the maternity programme

Maternity and Neonatal enabler requirements

Workforce

- Support for the workforce which includes training and development of staff.
- Succession planning for leadership positions in maternity services.
- A substantive/longer term LMNS operational team to deliver the aspects of the maternity programme required of the LMNS and support the providers with their responsibilities.
- Improved recruitment and retention of the maternity/obstetric and neonatal workforce
- Implementation of MSW competency framework
- Support of the student expansion programme
- Consideration of innovative models of care across maternity workforce
- Standardisation of banding payment across SEL maternity providers to reduce competition

Estates

- Support to ensure that maternity services can deliver care in appropriate venues within the community, with a focus on areas of deprivation and most need. This should include the use of Family Hub sites across SEL to increase access for patients and integration between services.
- Support to ensure that maternity services have appropriate estate facilities to deliver the increased complexities now faced within maternity services.
- Be an active stakeholder in the development of the family hubs across SEL

Digital

- ICB and trust to achieve high levels of digital maturity.
- Support the collaboration between GSTT and KCH on implementation of their EPIC IT system to enable better communication across all professionals providing care for women and birthing people.
- Support women and birthing people to access their digital records, empower them to contribute to their care planning and support their access to key information regarding their pregnancy, birth and postnatal care.
- Ensure that IT systems have the interoperability within multiple maternity providers as well acute and primary care providers.
- Standardisation of Maternity IT systems and or interoperability among separate systems to enable collaboration and sharing of information with key professionals including GPs and Health Visitors.
- Mitigation for those experiencing digital exclusion

Data

- Increased data and analytical support to enable continued data collection, review and analysis that will provide intelligence to inform service planning and dissemination of resources.