'Implementing Better Births: a resource pack for Local Maternity Systems' (LMS): a summary of points about Maternity Voices Partnerships

This summary of the NHS England resource pack for Local Maternity Systems prepared by the National Maternity Voices team is designed to help chairs of existing MSLCs and those involved in setting up new Maternity Voices Partnerships. It should be read alongside the full report which can be found here: https://www.england.nhs.uk/nhs-guidance-maternity-services-v1.pdf

This summary:

- contains selected **key headlines from the resource pack**
- includes **information to help you to network and get support** for your planned or existing Maternity Voices Partnership (MVP)

Page numbers refer to the resource pack.

Some background:

Better Births, which was published in February 2016, set out a Five Year Forward vision for NHS maternity services in England. It recognised that the vision could only be realised through local groups, or Local Maternity Systems. The NHS England resource pack is designed to help Local Maternity Systems lead the transformation.

What are an STP and an LMS?

In March 2016, NHS England divided the country up into 44 "footprints" known as **Sustainability and Transformation Plans or STPs** for short, which bring together local providers, commissioners and organisations to oversee and develop all healthcare issues for that area. A map of all the STPs can be found here: https://hee.nhs.uk/sites/default/files/documents/STPareas.pdf

A **Local Maternity System or LMS** is coterminous with its STP (i.e. it covers the same geographical area) and is responsible for the maternity element of the STP. An LMS should "involve all local commissioners and providers of maternity services as well as service user forums such as MSLCs." p. 4. The size of a LMS or STP varies from 0.3 million people and 1 CCG (West, North and East Cumbria) to 1.7 million people and 6 CCGs (South East London) and up to 8 CCGs (e.g. Sussex and East Surrey). Note that an LMS is neither a statutory body nor an accountable body (see p.10).

By October 2017: each LMS is to establish a shared vision and develop a Local Maternity Transformation Plan to implement Better Births by the end of 2020/21.

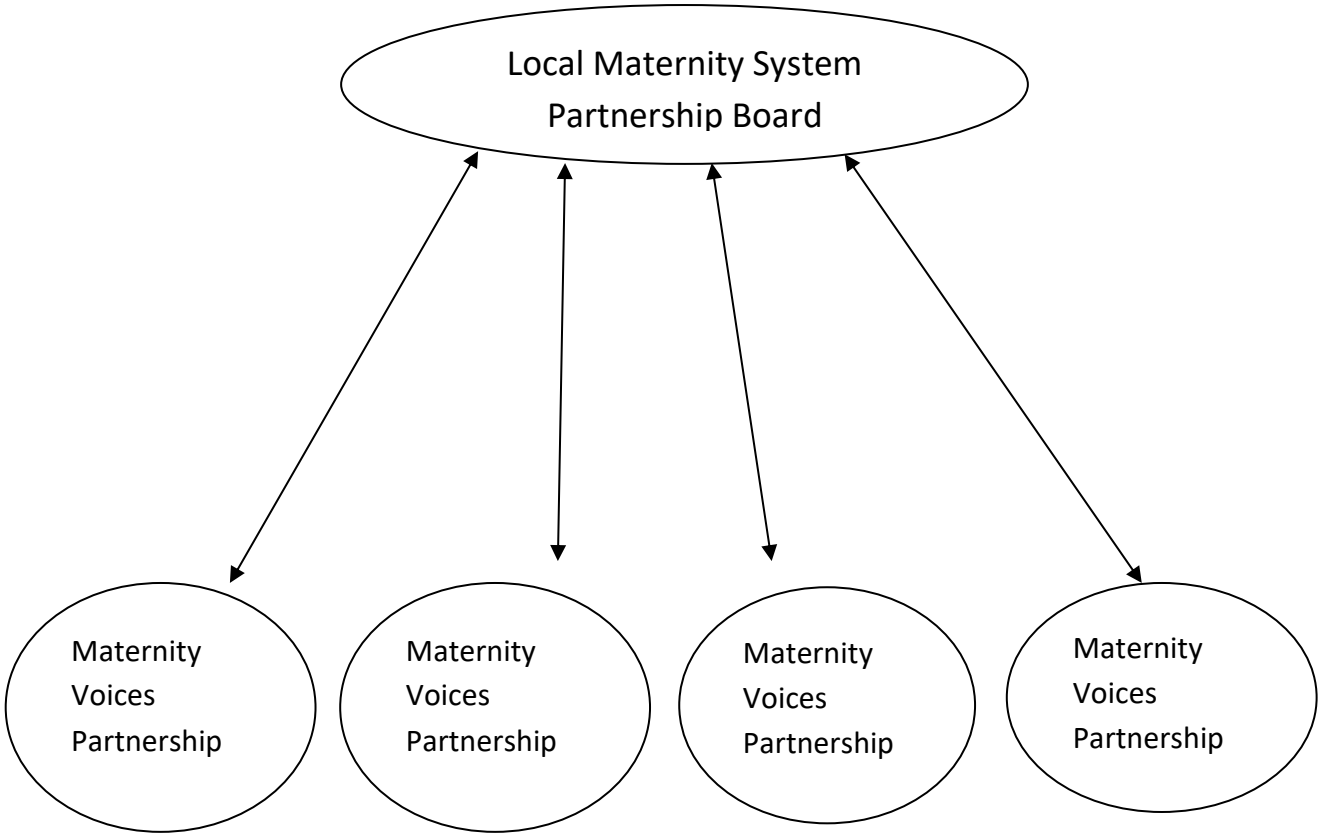
Some headlines from the resource pack:

What is an MVP?

NHS England recommends 'establishment of independent formal multidisciplinary committees, which we call 'Maternity Voices Partnerships' (formerly MSLCs), to influence and share in local

decision-making. (p.4) **'Existing MSLCs should change to be known as Maternity Voices Partnerships.' (p.17)** All women in the local area should be able to participate in an MVP by giving feedback or becoming service user members of an MVP (p.16). Partners and families may also wish to give feedback or join a partnership (p16).

Where do MVPs fit in?



- listed first as potential membership of an LMS (p.10) is Service user voice, beginning with MVPs (note, however, that MVPs are multidisciplinary in nature – see p.16)
- The diagram above shows the relationship between the LMS and the MVPs (the number of MVPs will vary between local geographical areas, depending on geography and how services are configured).
- Local Maternity Systems should ensure active involvement of MVPs in developing their plans. (p.16)
- Best practice is for each MVP to be represented on the LMS partnership board by one of its service user reps. (p.58)

It is most likely that there will be more than one MVP in each LMS, given the large area typically covered by an LMS: 'Women are likely to identify with a maternity unit or a community hub.' It is therefore important to establish MVPs around smaller footprints, which will enable women to work together with commissioners and providers on issues that relate to the individual provider or commissioner (p.16).

How to set up an MVP from scratch

See Chapter 4 of the resource pack. Further practical advice and support:

- The MVP toolkit, including advice on getting started with setting up an MVP from midwife Pauline Cross, available from http://nationalmaternityvoices.org.uk/toolkit-for-mvps/
- A new national Facebook group for commissioners, healthcare professionals and service user reps to discuss the practicalities of MVP work https://www.facebook.com/groups/NationalMaternityVoices/
- The well-established Facebook Group for MVP/MSLC service user chairs and service user reps https://www.facebook.com/groups/service-user-chairs-&reps

Potential **membership** of an MVP (p.17)

- Maternity service users and families (service users should constitute one third of the group)
- Best practice is for the MVP chair to be a service user – chair must have autonomy ad be a critical friend (p.57)
- Charities and advocacy groups
- Commissioners
- Providers
- Statutory partners, including Healthwatch
- Clinical and managerial representation (midwives, obstetricians, neonatologists, members of the management and financial management team).

Funding (p.18) may be required for the following:

- Remunerating the chair (for both chairing the MVP and, if they act as the MVP rep to the LMS partnership board, representing the MVP at LMS level)
- Providing the secretariat
- Paying the expenses of the service user members, including childcare costs
- Training for service user members
- intelligence gathering to support the work of the MVP
- Commissioning research
- Communications activities, including engagement and outreach

The maternity commissioner is responsible for facilitating and organising any agreed funding. Local discussions will need to take place to agree how the costs will be shared between commissioner and provider. (p.18)

Feedback:

Service user participation and coproduction, via MVPs, should be at the centre of all planning. Service user feedback from a 'full range' of service users, including women and families who have experienced loss, will be needed to inform local transformation at LMS level. MVPs will 'play a lead role in capturing and interpreting local data' (p. 20-21).

LMS – what happens next?

Timeline: By March 2017: establish a LMS coterminous with its STP, involving commissioners, providers and service users via Maternity Voices Partnerships. (MVPs) By October 2017: each LMS to establish a shared vision and develop a Local Maternity Transformation Plan to implement Better Births by the end of 2020/21, including:

Improving choice and personalisation of maternity services so that

1. all women have a personalised care plan
2. all women able to make choices regarding their maternity care.
3. continuity of carer for most women,
4. more women able to give birth in midwifery settings (at home, and in freestanding and alongside midwifery units)

Improving safety of maternity care so that,

5. stillbirth, neonatal death, maternal death and brain injury during birth have reduced by 20%
6. services are investigating and learning from incidents and sharing this learning within their LMS

'The plan will need to be co-produced with local service users' (p.11) and should include a 'clear statement from both a service and a service user perspective on how services will be different once the plan is implemented.'

LMS 'will in particular want to consider what outcomes are most important to service users. A tested method for doing this is *I Statements…*Local Maternity Systems may want to consider developing something bespoke in maternity.' (p.23) LMS 'will need to move from a traditional service-specific approach to one that is outcome focused and place-based.' (p.23) The role of MVPs is part of the 'maternity offer' for women (p.12). Questions for structuring services must be defined well (p.11). A means of co-design is essential (p.10) The goal is to ensure 'that women and their babies can access seamlessly the right care, in the right place, at the right time' (p.9)

Where can I find further resources & support?

- Chapter 4 and Annex B of the resource pack; all chapters contain relevant material for MVPs
- Further useful resources, including a standard Terms of Reference for MVPs, commissioner guidance for setting up an MVP, and case studies from Bromley, Sheffield and Tower Hamlets are all available at the National Maternity Voices website with more resources being added.
- MVP people are welcome in the Facebook groups mentioned above!
- Also look out for #matvoices #matexp on Twitter including National Maternity Voices committee members @jameslaja1, @Doua_Lisa, @RachelEllieG, @mariacbooker, @BerksMaternity, @MancHomebirth, @sandra_sjp, @stroppybrunette and others

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