Southwark Maternity Commission 2023-24

WRITTEN EVIDENCE SUBMISSION:
South East London Local Maternity and Neonatal System (LMNS)

INTRODUCTION

The Southwark Maternity Commission has three key objectives:

- Assess local inequalities in the access, experience and outcomes for maternity services, specifically for those parents from ethnic minorities and / or socially disadvantaged backgrounds, in particular those from a Black ethnic background.

- Assess the implementation of national recommendations for maternity services to improve access, experience and outcomes and reduce inequalities.

- Identify additional areas for action and improvement for Southwark birthing people as part of the local maternity and neonatal system.

In undertaking its work, the commission will:
- Listen to the views and experiences of local women, birthing people and families.
- Listen to the views of our midwifery and wider workforce that support women, birthing people and families during pregnancy and the early years.
- Review progress on the implementation of national best practice guidelines across local maternity and neonatal services and progress on Local Maternity and Neonatal System (LMNS) wide action plans.

In order to support the commission to achieve its aims, we are asking each of our main providers of maternity care for Southwark residents to complete this written evidence submission. This will provide us with a background of how each organisation operates, and allow our Commission panel to form questions, based on their responses.

We are keen to hear from the LMNS in addition, to hear how commissioners, providers and service users are brought together to develop local strategy and provides oversight to each of the Trusts within the system. The questions are broken down into the following sections:
1. Local picture
2. Organisational practice
3. MBRRACE (2023) recommendations

If you have any questions, please contact MaternityCommission@southwark.gov.uk

Many thanks for your help in providing information to the Southwark Maternity Commission.

1. WHAT IS THE LMNS?

Function of the LMNS within South East London and Southwark
Please explain the role of the South East London Local Maternity and Neonatal System
The Local Maternity and Neonatal System (LMNS) is a partnership between providers, commissioners, user representatives and other stakeholders working together to improve and transform maternity and neonatal services. LMNSs have been in place for a number of years, with a number of different guises, but the role has changed significantly over time. Local Maternity Systems (LMS) were originally formed following the publication of Better Births a national maternity review that was conducted in 2016, with an initial core focus to support service improvement. In more recent years and in response to the various reports such as Ockenden and East Kent, the LMNS as the maternity and neonatal arm of the ICB, remit has broadened. LMSs were changed to LMNSs to include responsibility for aspects of neonatal care and also greater responsibility to ensure that the maternity services they represent provide safe and quality services for all those that access them.
Please describe your relationship with the providers of maternity services in Southwark.
Due to the nature of the LMNS the relationship with the maternity and neonatal providers has been strengthened over the years. As key members, and working with all other stakeholders, the providers are collaborators and decision makers for the whole system. The LMNS has two clinical co-chairs, an obstetrician and a senior midwife and a lead neonatologist, who with the SRO, Head of Maternity and project management team provide leadership to the LMNS. The chair roles are two-year fixed term positions, this enables a rotation of senior clinical leaders across the LMNS to be involved and engaged. The LMNS has a vast work programme of improvement, working closely with key provider leads to implement changes as required, whilst ensuring that we deliver on national and local expectations.

2. LOCAL PICTURE

Data requests
Please provide any relevant Southwark specific maternity data you hold, against the LMNS average, for up to the last five years where available. Including: - No. of Southwark residents giving birth at each Trust - Maternal mortality rates - Infant mortality rates - Maternal morbidity rates (e.g. excessive blood loss, perineal tearing) - Infant morbidity rates (e.g. intracranial haemorrhage, fractures, nerve damage) - Average age - Ethnicity - Socioeconomic status - Long term conditions - Continuity of carer Any other available and relevant data sets.

Making best use of data
How does the LMNS use demographic data to assess local need? (max 250 words)
The LMNS uses both quantitative and qualitative data to assess local need. The LMNS has a data dashboard that is currently being updated by the ICB business intelligence team. The dashboard provides data on key outcome metrics and will have the ability to interrogate further and provide further intelligence about the communities that we serve. The LMNS also receives data directly from the three maternity and neonatal providers, this is shared as part of the six weekly quality surveillance group, and is discussed as a peer group, with support in place if any themes arise. The LMNS also collects qualitative data, working closely with our Maternity and Neonatal Voices Partnerships (MNVPs), community organisations and patient advisory groups. We are currently carrying out a large community engagement project with a number of community organisations around access and experience of maternity and neonatal care for those women and birthing people who are underrepresented in our communities.

How does the LMNS share data on demographics and local need with other partners? *(e.g. local authorities, partner organisations)* (max 250 words)

The LMNS is a system level entity that works to share and learn together to improve the experience and outcomes of women and birthing people, their baby's, and families. Membership is wide and inclusive. Data and feedback is shared in various formats. Because the LMNS historically worked to support improvements in provider services this is where strong relationships have been formed. We recognise now that this needs to include colleagues across the wider ICS, so we are now building wider relationships with local authorities and public health teams to enable a collaborative approach.

Health inequalities

How does the LMNS use local data to identify health inequalities? (max 250 words)

The LMNS uses both local and national data to identify health inequalities. The national data is from the MBRRACE (Mother and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) reports. These reports provide stabilised and adjusted data for regions and individual trusts.
Local data quality can be a challenge but this has been improving year on year. As previously mentioned, we will be able to dig deeper with outcomes data cross referencing ethnicity, deprivation, smoking etc.
We also use feedback from women and birthing people, this feedback is incorporated into appropriate actions plans.

What steps do the LMNS take to reduce identified health inequalities? (max 250 words)

Some examples of what we have implemented to reduce inequalities as an LMS are;
- A LMNS equality and equity action plan (update in progress) with a published public facing easy read version.
- Community engagement project – five community organisations have been commissioned to engage with local women and birthing from underrepresented groups to hear about their experiences and challenges faced when accessing maternity care.
- The LMNS has an inequalities workstream with membership from providers and service users and this is the working group that will lead on the E&E action plan.
- A LMNS/Southwark pilot of maternity mates – providing support to women and birthing people that may require advocacy. 'Maternity mates are recruited from the communities and where possible will speak the same language as the mother-to-be. Maternity mates support the woman to help her understand the issues and decisions that affect her care, and that of her baby'
- LMNS Birth choices project – information, resources, and recommendations for personalised maternity care, with the aim to give consistent evidence-based information in response to feedback from service users.
- LMNS pilot – Parent education in different languages – top six spoken languages in SEL – Spanish, Portuguese, Somali, Arabic and French – resources and staff who can facilitate have been agreed.
- Translation of various maternity resources in the top languages for each provider trust.
- Bexley 'Mumma's Together' pilot group – weekly group sessions for Black and Brown mums, talking all things motherhood, well-being, mental health, family, culture and

more, with support from local midwives and the HELIX perinatal mental health team. Due to the success of this group, it is now being rolled out in Greenwich.

- In collaboration with FiveXMore funding to provide colourful wallets for Black and Brown women with advocacy messaging
- Provision of cultural sensitivity training for maternity staff from FiveXMore.
- Working with young Mums Support Network on how we can improve care and support for this group of women/birthing people.
- The providers also have a number of local projects/initiatives in place to support the reduction in inequalities such as LGT Pride in Practice award, cultural humility pledges, not charging women who have no recourse to public funds if they experience a pregnancy/baby loss. Local MNVP work to engage with local women and birthing people. GSTT anti-racist initiative, an action plan to be an actively anti-racist organisation. King's working closely with the MNVP focusing on Black service users in particular those that have experienced loss with plans for Black listening events taking place early this year.

3. ORGANISATIONAL PRACTICE

Organisational culture
What measures are your organisation taking to ensure equality, diversity and inclusion for your staff? *(e.g. ensuring all receive the same opportunities to grow professionally)* (max 250 words)
ICB
What efforts are your organisation making to diversify your workforce? *(e.g. what hiring and retention policies exist?)* (max 250 words)
ICB
What measures are your organisation taking to ensure equality, diversity and inclusion for your patients? *(e.g. staff training on cultural and medical elements)* (max 250 words)
ICB
What measures are your organisation taking to understand and tackle institutional racism and how it operates in your organisation? *(e.g. is anti-racism and bias training mandatory for all maternity staff, and how often is this completed?)* (max 250 words)
ICB
Working with others to improve non-health factors that affect your patients' health

How do you work with and learn from other organisations to address the impacts of wider non-health factors affecting the health of your patients? *(e.g. Housing status, income maximisation, employment issues)* (max 250 words)

ICB

What roles in governance do organisations such as Maternal and Neonatal Voices Partnership (MNVP) and local groups working on black maternal health have? How are their voices and expertise used? (max 250 words)

The MNVPs are part of the LMNS. The chairs are remunerated for their work and we liaise closely with them around system wide and local complexities and issues.

Regulation of services

How do you support Guy's and St Thomas and King's College Hospital to act on the recommendations for improvement made in Care Quality Commission inspection reports? (max 250 words)

The LMNS has an oversight role regarding CQC reports. The trusts have action plans based on the CQC recommendations . Recommendations are picked up as part of the LMNS quality surveillance group.

MBRRACE RECOMMENDATIONS (2023)

"Saving Lives, Improving Mothers' Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21" – the MBRRACE 2023 Report. It highlighted that when deaths due to COVID-19 in 2020 and 2021 were excluded, maternal death rates were very similar over the last 2 reporting periods (2016-2018 and 2019-21), which suggests that an even greater focus on implementation of the recommendations of these reports is needed to achieve a reduction in maternal deaths (and morbidity).

How are you considering and addressing the recommendations made by the MBRRACE 2023 Report?
What processes do your organisation already have in place to consider the recommendations? (max 250 words)
MBRRACE recommendations are picked up through the various LMNS workstreams and within the equality and equity action plan but also through the various clinical networks in place, including the Maternal Medicine Network. The MBRRACE data provided is retrospective data, but it is stabilised and adjusted so provides us with the most robust data. If any of the provider trusts are an outlier for any of the datasets then they are asked by the regional maternity team to carry out a deep dive into the cases and if there were any particular themes or findings that can be improved on. This is then shared across the SEL LMNS for learning. If particular support can be given to a particular trust, then this is provided within the LMNS or escalated as appropriate.
How is your organisation planning to implement the recommendations? (max 250 words)
The LMNS will provide support and oversight of the implementation of the Maternity and Neonatal Three-Year Delivery Plan. This plan encompasses the roles and responsibilities of providers, LMNS/ICB and the national team in regards to national programmes and findings. Oversight of this sits with the LMNS quality surveillance group.