

Report of the Act as One Better Births Programme to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 14th July 2022

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Subject: Act as One Better Births Improvement & Transformation Programme

Summary statement: Better Births is one of eight improvement and transformation programmes across Bradford District & Craven. We work collaboratively across sectors and organisations, to achieve our vision: *“Working together to improve experiences and outcomes of the pregnancy and birth journey across Bradford District and Craven”*.

This report will highlight some of the key achievements of the past year and outline our future plans to improve the outcomes for maternity care across our place and reduce disparities in experiences by working as a whole system. It will also cover our place-based response to the Ockenden and MBRRACE-UK report recommendations.

Portfolio:

Healthy People and Places

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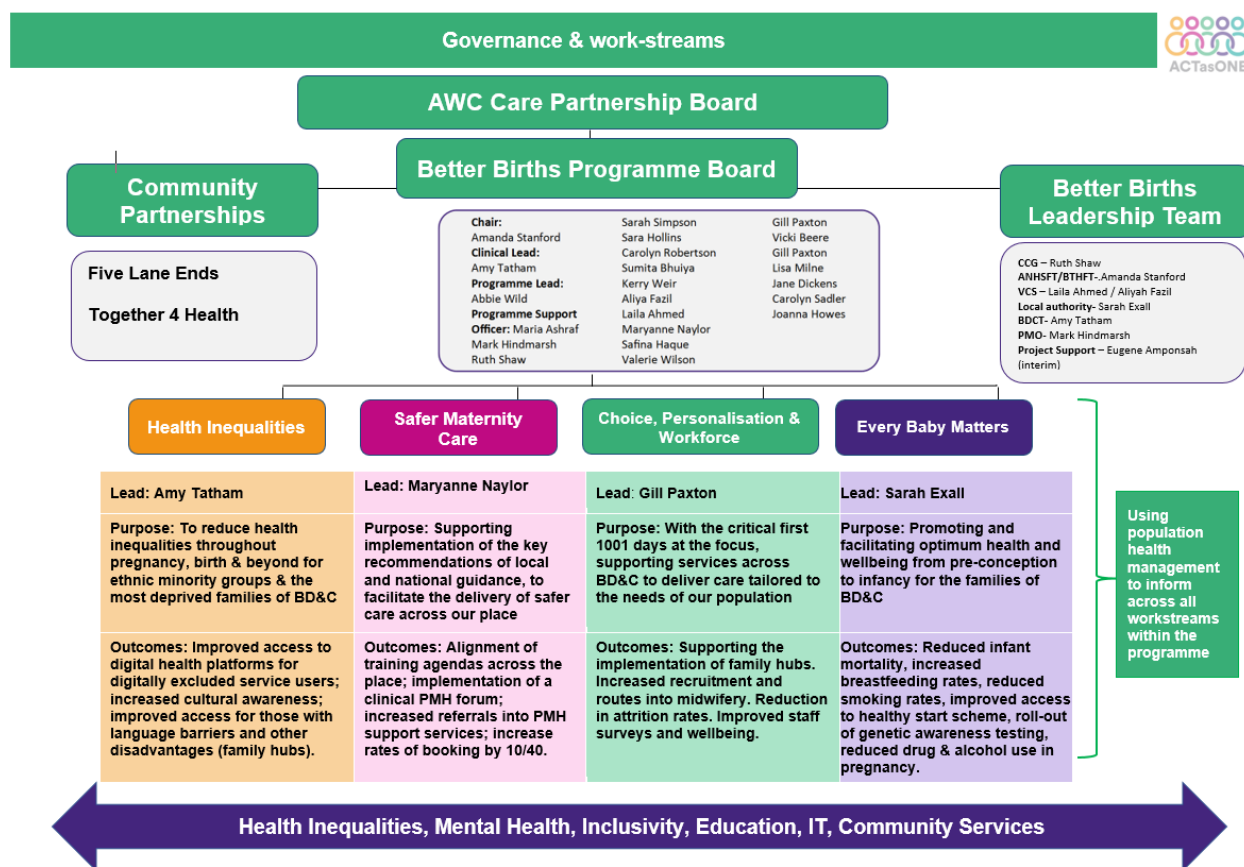
1. Summary

- The Better Births programme comprises of four workstreams, each led by a key representative from across our place. The leads bring a wealth of experience and expertise to the programme. The workstreams aim to address the most important aspects of maternity care, as identified by local and national recommendations including those of Ockenden and MBRRACE-UK.

The workstreams and their respective chairs are as follows:

- **Health Inequalities** – Amy Tatham; GP partner and Associate Clinical Director of Maternity & Women’s Health for Bradford District & Craven
- **Safer Maternity Care** – Maryanne Naylor; Specialist Midwife for Safer Maternity Care, Bradford Teaching Hospitals NHS Foundation Trust (BTHFT).
- **Choice, Personalisation & Workforce** – Gill Paxton; Associate Director of Nursing and Quality, Bradford District & Craven.
- **Every Baby Matters** – Sarah Exall; Public Health Consultant for Children and Young People, Bradford Metropolitan District Council.

- The governance structure and membership of the programme is as follows:







2. Background

- The Better Births improvement and transformation programme was established in 2020, with maternity services being identified as a key priority area by the Health

and Care Partnership Board. Mel Pickup, Chief Executive of BTHFT was a member of the stakeholder council for the NHS England (NHSE) Maternity Transformation Programme when the original Better Births National Maternity Review (2016) was undertaken, so has a keen understanding of the importance of this programme.

- Bradford is the 13th most deprived district of 317 in England. Almost a quarter of children in Bradford are classified as living in poverty. Bradford district has an ethnically diverse population and the largest proportion of people of Pakistani ethnic origin in England. There is a wide variation in the ethnic makeup of the wards across the district, in some cases such as Manningham and Toller “ethnic minority” groups in fact account for the majority (up to 80%) where some are below 10%, for example Ilkley and Wharfedale. Social inequality and ethnicity have a direct link to poor maternal and infant health outcomes. Addressing health inequalities and focussing our efforts on the areas of greatest need are at the forefront of the Better Births programme.
- Some of the key drivers behind the programme include: Infant mortality and stillbirth rates which are significantly higher than the national average, incidence of low birthweight babies significantly worse than the national average, and breastfeeding rates below the national average, as shown in the *table below:

Indicator	Period	Bradford and Craven			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate	2018 - 20	–	133	5.9	3.9	6.4		1.7
Low birth weight of all babies	2020	➔	550	7.9%	6.9%	9.1%		4.8%
Stillbirth rate	2018 - 20	–	132	5.8	3.9	5.8		1.6
Baby's first feed breastmilk	2018/19	–	4,450	60.0%*	67.4%	41.6%		98.7%

*most current data available on <https://fingertips.phe.org.uk/>

- National recommendations from publications such as the Ockenden report (2020 & 2022) and the MBRRACE-UK report (2021) continuously inform the work of the Better Births programme. Our response to these will be presented in further detail in the next section.

3. Report Issues

Programme highlights and future plans

➤ Ockenden recommendations

In response to the initial [7 key and immediate actions](#) from the Ockenden report (2020), we showcased a place-based response to Ockenden with our ‘Safer Maternity Care’ event. We brought together representatives from across Bradford and Airedale maternity services and the event – featuring Chief Midwifery Officer Jacqueline Dunkley-Bent OBE - attracted over 100 attendees. Further collaboration is planned since the publication of the [final report](#) (2022) and we will be using the 4 key pillars as a framework within the Safer Maternity workstream. These are:

1. Safe staffing levels

- The staffing crisis in maternity is by far the greatest challenge faced by the service. The Royal College of Midwives (2018) report that for every 30 midwives qualifying, 29 leave the profession. The Better Births programme is exploring ways in which we can increase recruitment into midwifery and more importantly, support our maternity workforce to make sure they feel happy and healthy at work.
- We have worked with the [One Workforce Hub](#) website to promote midwifery as a career in the district. We want to attract a home-grown workforce which is representative of the community it serves and have developed a resource which details a variety of routes into the profession alongside testimonials from staff.
- In July we are hosting the “Supporting our Maternity Workforce” event to celebrate, show appreciation and support the maternity workforce. The conference will bring together some of the top experts in the field of maternity staffing and an inspirational speaker, Steve Head. Steve is renowned for the work he has done with the NHS, he helps to build resilience, importance of celebrating success, and how staff can work under pressure in the NHS. Staff will also have the opportunity to have their questions answered by Gill Walton, CEO of the Royal College of Midwives. We hope the event will inspire and enable the exploration of solutions to protect the future of our maternity workforce.

2. A well-trained workforce

- BTHFT and ANHSFT recently worked together to host and attend a Joint Quality and Safety Event, demonstrating a place-based response to Healthcare Safety Investigation Branch (HSIB) investigations across sites.
- Bradford has been chosen as a pilot site for the ‘Every Sleep a Safe Sleep’ training package and we plan to deliver the training across place.
- CTG (fetal monitoring) training has been aligned across both sites and shared learning regularly takes place.
- Further opportunities for shared training have been explored including sharing of faculties, developing high dependency skills and Enhanced Maternal Care (EMC); but current staffing challenges and recent restrictions relating to face-to-face training have delayed progress. However, both trusts have been praised for continuing to offer PROMPT (PRactical Obstetric Multi-Professional Training) throughout the pandemic and current staffing crisis.

3. Learning from incidents

- Regular Joint Quality and Safety Speciality meetings are now held across-site.
- Both trusts attend the West Yorkshire & Harrogate Local Maternity System (LMS) Safer Group where serious incidents are reviewed at a regional level.

Enhanced Safety Risk	Elaine Green, Quality & Safety Lead (AGH) worked with Vicky Jones, Specialist Midwife for Risk & Governance (BRI). Elaine shared how partnership working has supported this key action.
Staff Training & Working Together	Rachel Tabram & Helen Peet, Practice Development Midwives, spoke of plans that have been developed through the Better Births Programme in response to this recommendation.
Maternity Safety Champions	Nadira Mirza, Non-Executive Director for Airedale, described the role of the Maternity Safety Champion and it's importance in ensuring the safest care possible is delivered.
Risk Assessment Throughout Pregnancy	Vicky Jones Specialist Midwife for Risk & Governance (BRI) & Karen Savage, Community Manager (AGH) discussed the importance of risk assessments at every contact.
Monitoring Fetal Wellbeing	Maryanne Naylor & Helen Peet, Fetal Monitoring Leads, showed how they champion best practice and increase safety through collaboration.
Birth Matters Service	Jo Stubbs, Specialist Midwife for Quality, showcased how the Birth Matters debrief service has improved informed choice and personalisation for women.
Informed Consent	Caroline Lamb & Holly Vincent, Specialist Parent Education Midwives, talked about the importance of informed consent and how their parent education service is supporting this for women of all backgrounds.

- The aforementioned Better Births Safer Maternity Event showcased a place-based response to the 7 key and immediate actions from the Ockenden report (2020). We brought together specialists from both trusts to present how they had collaborated in response to Ockenden recommendations – as seen on the left - and consider how we can work together across place going forward.

- We are planning a follow-up event one year on from the first, focussing our efforts around the 4 key pillars detailed in the final Ockenden report (2022) and working together to ensure that all recommendations of the report are addressed.

4. Listening to families

- Service user involvement is paramount to the Better Births programme and we are fortunate to have a close working relationship with the [Bradford and Craven Maternity Voices Partnership](#). (MVP). We have representation from the MVP at our steering group and in several of our workstreams.
- In November 2021, we held 2 community engagement events in collaboration with the MVP and VCS organisations. There was a focus on inviting representatives from seldom heard communities. With information stalls, workshops and presentations from the MVP chair, Airedale and Bradford Maternity teams, this was an opportunity for local parents to meet with maternity

care providers and share their voices around maternity experiences. The events were attended by Roma, Slovakian, Polish, Pakistani, Bangladeshi and White families. A wealth of insight was gathered to feed back into maternity services and to inform ongoing and future work in the programme.

- Following these events, we have planned further community engagement with the Polish community, due to anxieties being raised regarding their experience of maternity care in England owing to the differences between that in their home country.
- [15 Steps Reviews](#) have been carried out across both sites enabling the voice of our families to be heard and important changes to be made to improve experiences of care.
- Non-Executive Director Maternity Safety Champions are in place across both sites. Their role as explained by NHSE: “Maternity safety champions work at every level – trust, regional and national – and across regional, organisational and service boundaries. They develop strong partnerships, can promote the professional cultures needed to deliver better care, and play a central role in ensuring that mothers and babies continue to receive the safest care possible by adopting best practice.”
- Alongside the MVP, the Better Births programme also benefits from working closely with the widely celebrated [Bradford Doulas](#) and we are involved in discussions regarding the expansion of the programme to benefit more of our community.

➤ **MBRRACE-UK Recommendations**

The recent MBRRACE (Mothers and Babies Reducing Risk Through Audit and Confidential Enquiries across the UK) report (2021) highlighted perinatal mental health and health inequalities as leading contributory factors for maternal death. Both are key areas of focus for the Better Births programme.

➤ **Perinatal Mental Health**

Nationally, maternal suicide is the leading cause of pregnancy related death in the first year following childbirth. In April 2021, a cross-sector Perinatal Mental Health event was held by Better Births. Key professionals and a wide range of stakeholders from across the district came together and a series of actions were identified. One of which was to develop a Perinatal Mental Health resource for staff including an at-a-glance referral pathway & services directory:

- The above resource was developed in collaboration with partners across the district and 630 have been distributed to midwives, health visitors and voluntary sector organisations.
- This resource has also been adapted as a resource for women and families. Alongside the services directory, this aims to encourage access to support and reducing stigma. We distributed 1000 of these during Maternal Mental Health Week in May along with 'goody bags' for pregnant women and new parents attending the maternity units. The services directory has also been made available on the [Healthy Minds](#) website.
- Another ask from the event was for a PMH clinical forum to be set up. The 'PMH Learning Collective' was established in October 2021 and provides an opportunity for all staff delivering maternity care from pre-conception through to infancy to come together, share learning & best practice regarding perinatal mental health.

➤ **Reducing Inequalities**

- The health inequalities agenda is particularly pertinent to our district, with the high percentage of births to black and minority ethnic groups – 40.2% which is almost double that of the England average, as illustrated below:

Indicator	Period	Bradford and Craven					England	
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Percentage of deliveries to mothers from Black and Minority Ethnic (BME) groups	2020/21	-	2,620	40.2%	21.7%	1.9%		62.4%

- As well as being a standalone workstream, the health inequalities agenda spans all of the work throughout the programme. In March 2022, we held the 'Reducing Inequalities in Maternity' event. This was attended by around 100 people and brought national experts to our district as part of efforts to reduce inequalities affecting maternity care. We produced a [highlight reel](#) which captures what an inspiring and thought-provoking event it was. This and the [full video](#) of the event have been viewed by a further 160 people to date, at the time of writing this report.

Perinatal Mental Health Referral Pathways: at-a-glance

- 1 IAPT/GP (My Wellbeing College)**
Talking therapies for a range of mental health concerns. Women can self-refer into the service by contacting their GP or by using the details below.
0300 455 5551
mweconline@bctd.cts.uk
mywellbeingcollege.nhs.uk
- 2 SMABS (Specialist Mother & Baby Service)**
Health professionals can call the Single Point of Access (SPOA) line for advice or referrals, or use the referral form which can be found on the website.
01774 221188 (SPOA)
perinatal.van@bctd.cts.uk
best.nhs.uk/services/perinatal-mother-and-baby-service/nhs.uk
- 3 1st RESPONSE**
Crisis support available 24/7. Women can call the service for themselves or a call can be made by a friend, carer or relative.
0800 952 1181
first.response@nhs.uk
nhs.uk/services/1st-response

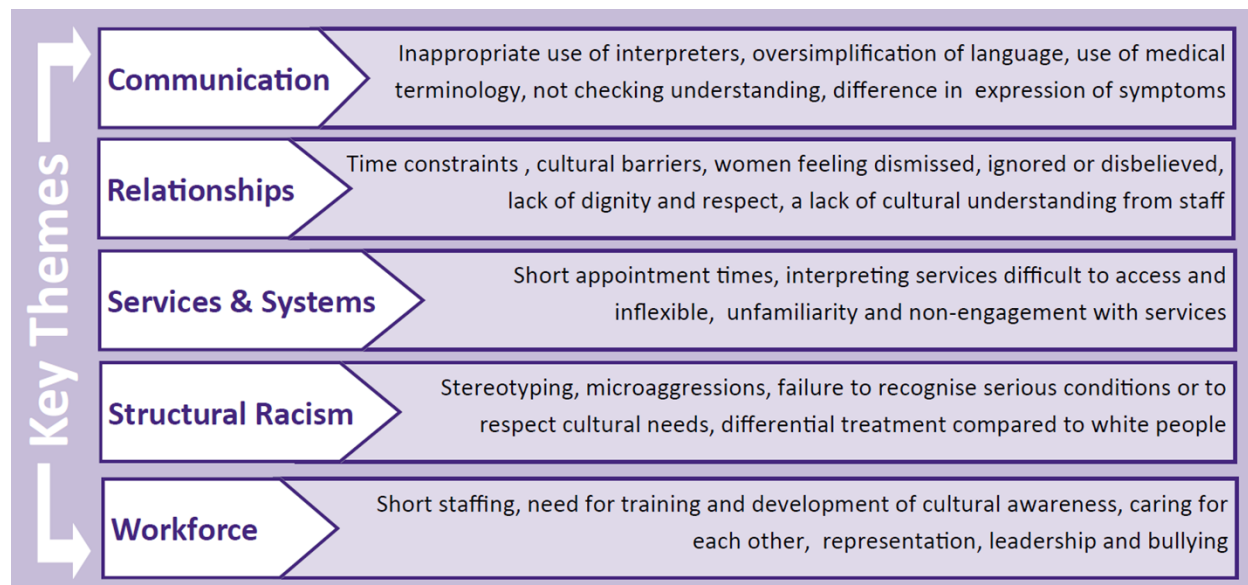
➔ Consider : Support services + Consider : Safeguarding Referral

- 1 Mild - Moderate**
Any low-moderate level:
- Anxiety / depression
- OCD
- Panic disorder
- Phobia / trauma
- 2 Severe**
- Bipolar
- Schizophrenia
- Previous psychosis
- Severe trauma / phobia
- 3 Urgent**
- Red Flags: Suicidal thoughts, recent change in presentation or emergence of new symptoms, feelings of guilt / inadequacy, detachment / estrangement from newborn, suspected psychosis

Support Services
For mental health through pregnancy, birth & beyond in Bradford District and Craven.
*Contact individual organisations for information on what they are covered.

- MyWellbeing College**: Talking therapies for a range of mental health concerns. 0300 455 5551, mweconline@bctd.cts.uk, mywellbeingcollege.nhs.uk
- perinatal support service**: Peer support for mums with anxiety / low mood in pregnancy & postnatally. 01274 500254 / 07969 929848, perinatal.support@nhs.uk, betterstartbradford.org.uk
- Family Line**: Practical family support via phone, text or email. 0800 502 8669 / 07537 044282, familyline@family-action.org.uk, family-action.org.uk
- Roshni Ghaur**: Culturally adapted mental health support for South Asian women. 01524 638927, info@roshnighar.org.uk, roshnighar.org.uk
- Bradford Doujas**: Practical & emotional support before, during and after birth. 01274 222023, info@bradforddoujas.org.uk, betterstartbradford.org.uk
- ACTasONE**: 0800 952 1181, first.response@nhs.uk, nhs.uk/services/1st-response
- HOME START**: Practical support for families experiencing difficulties. 01274 596711, info@homestartbradford.co.uk, homestartbradford.co.uk
- NSPCC (Pregnancy in Mind)**: For parents at risk of or suffering from anxiety / depression in pregnancy. 01274 381440, nspcc.org.uk
- project 6**: Specialist support for substance misuse during pregnancy. 01524 261610, info@project6.org.uk, project6.org.uk
- Little Minds Matter & SEADs**: Specialist support for Infant Mental Health, bonding, attachment & trauma. 01274 281260 / 07748 566407, littlemindsmatter@bctd.cts.uk, betterstartbradford.org.uk
- bridge**: Specialist support for parents experiencing drug / alcohol misuse and see mothers. 01274 748625, info@bridgeproject.org.uk, thebridgeproject.org.uk

- Key themes were identified through this event to inform the health inequalities workstream:



- Initial steps in response to these key findings include a focus on improvement of interpreting services and the implementation of cultural competency training to be delivered at place with a multi-organisational, cross-sector approach.
- BTHFT has a well-established Continuity of Carer (CoC) team; the Acorn Team, caring for the most vulnerable families in the city, including refugees, asylum seekers and minority ethnic communities in the city centre. Learning from the establishment of this team has been shared with ANHSFT whose equivalent Poppy Team was unfortunately disbanded due to the staffing crisis. Both trusts are working closely with the LMS and the national team to ensure that the building blocks are in place for implementation of CoC. The national CoC lead, Trixie McAree will be speaking at our workforce event in July.

➤ Access to Maternity Care

- The MBRRACE-UK report recognises the need for preconceptual and early access to maternity care to ensure optimal health advice, education and personalised care planning.
- The lack of available venues in the community to provide maternity care has been highlighted to the Better Births programme. By working with the family hub managers across the district, we have facilitated community midwifery clinics being held in locations which are easily accessible for families. This has placed us in an advantageous position with Bradford being announced as one of the 75 local authorities to be receiving a share of £302 million to develop family hubs. Having maternity care delivered in the hubs is one of the minimum expectations of the family hub offer, which we have already achieved in many localities. The

work we have done has strengthened relationships and communication between maternity services and public health colleagues in prevention and early help services. Collaboration with the Start for Life programme and participation on the operational group has ensured that district priorities are addressed through partnership working.

- We are also working to ensure that women access maternity care in a timely manner, to ensure that important health and lifestyle advice, access to screening and healthy start vitamins are received by 10 weeks of pregnancy. Current data shows that Bradford falls far short of the LMS threshold:



- We are exploring ways to increase self-referral into maternity services at the earliest opportunity including a text messaging campaign via GP surgeries, working with local pharmacies and supermarkets to display information with a QR code to direct people to the online self-referral form and with local public transport companies.



➤ **Maternity Circles**

- One stark finding from the community engagement events we held was how isolated pregnant women and new parents are feeling. Attendees voiced a lack of social support networks and feeling unsure about where to go to access a range of maternity related services.
- The Maternity Circles idea was born out of the community engagement events, and in collaboration with 2 local community partnerships, we are planning to implement pilot projects. The vision is to offer a safe and supportive space for pregnant women and new parents to come together, access peer support and receive signposting to a range of services such as breastfeeding, smoking cessation, perinatal and infant mental health, domestic abuse, digital inclusion and more. We also plan to incorporate the important ongoing work regarding genetic awareness into relevant communities, enhancing genetic literacy to empower families to make informed choices about their genetic risk and access to available services.
- The Better Births programme has been paired with Together 4 Health and Five Lane Community partnerships, due to poor maternal and infant health outcomes in their locality. It is hoped that through the Maternity Circles initiative, important health messages can be delivered directly into the heart of the communities with the greatest need and families will be able to access much needed support and services to improve outcomes. For example, smoking cessation. Smoking in pregnancy is the leading modifiable risk factor for poor outcomes including stillbirth, pre-term birth and infant mortality.



- Ongoing work to address the above smoking rates include collaboration with [Reducing Inequalities in Communities](#) to train maternity support workers to deliver an in-house smoking cessation service direct to women and the implementation of smoke-free champions.

➤ **Breastfeeding rates**

- Another priority area it is hoped the maternity circles initiative can influence is breastfeeding rates. According to Unicef (2018) increasing breastfeeding rates would have a profoundly positive impact on child and long-term health, reducing disease and health inequalities.
- The UK have some of the lowest breastfeeding rates in the world and our district falls short of the national average:



- A new breastfeeding service has been developed combining the strategic vision with the community service. The aim is to combine the effective implementation of the breastfeeding strategy and the offer of personalised breastfeeding support, with direct well-planned support for women that need additional support to meet their feeding goals. The Every Baby Matters workstream has allowed for partners to develop a service that fits within the wider pathway of support from maternity services and 0-19 services. The new providers will bring experience of delivering peer support and a well-developed knowledge of building community capacity, incorporating both to ensure the service offered is targeted to areas of the district with greatest need and is accessible to all parts of the community.

➤ **Contribution to District Policy and Priorities**

There are several district policies which help to inform the priorities of the Better Births Programme:

- Bradford District Plan
- Bradford children and young people interim plan
- Bradford ACEs, trauma and resilience strategy
- UNICEF child friendly district

Child Death Overview Panel (CDOP)

- we are strengthening the dissemination of learning from CDOP cases, we are also working with the Coroner to develop a robust process to ensure learning from deaths is shared / enacted upon.

We are also fortunate to have adopted the Every Baby Matters workstream into our umbrella of work. This workstream was a well-established programme of work prior to the inception of the Better Births programme, when it was evident that the work happening in Every Baby Matters and its' associated subgroups aligns perfectly with Better Births, whose priorities parallel those detailed in the [Every Baby Matters report \(2019\)](#):

- Reducing infant mortality rates
- Focussing service improvements in areas of deprivation; low income families and those from minority ethnic communities
- Health & nutrition of pregnant and pre-conceptual women
- Health and nutrition of infants
- Ensure equal access to health care for women & families
- Improve social & emotional support for women & families, especially those who are socially disadvantaged
- Improve outcomes for those suffering with perinatal mental health concerns
- Reduce the rates of smoking in pregnancy and parenthood
- Reduce alcohol and non-prescribed drug use in pregnancy
- Increase community understanding of inherited genetic conditions in relation to infant mortality and poor outcomes.

➤ Conclusion

The priorities of the Better Births programme are continuously informed by national recommendations such as those of the Ockenden and MBRRACE-UK reports, alongside district priorities set out by our partners in public health.

Responding to the needs of our unique community is at the heart of what we do. Having the involvement of the MVP and regular community engagement ensures that the work we do is tailored to meet the specific requirements of local people in Bradford District & Craven.

Adopting the 'Act as One' approach we will continue to work closely with all sectors and organisations across the district to address the most important priorities: "Working together to improve experiences and outcomes of the pregnancy and birth journey across Bradford District and Craven".

4. Options

4.1 Members may wish to comment on any aspect of the report

5.1 **Recommendations**

5.1 That Members comment on and note the report

6. **Background documents**

None

7. **Not for publication documents**

None

8. **Appendices**

None