

Report of the Best 1001 Days programme to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 27th July 2023

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Subject: The Best 1001 Days Programme – pillar one of the Children, Young People & Families priority for Bradford District & Craven Health & Care Partnership.

Summary statement:

The Best 1001 Days (formerly Better Births) programme is pillar one of the [Healthy Children and Families priority](#) area for Bradford District & Craven. We work collaboratively across sectors and organisations, to achieve our vision: *“Working together to improve experiences & outcomes for pregnancy, birth & beyond across Bradford District & Craven”*. This is reflective of the [Bradford District and Craven Health and Care Partnership](#) Act as One way of working.

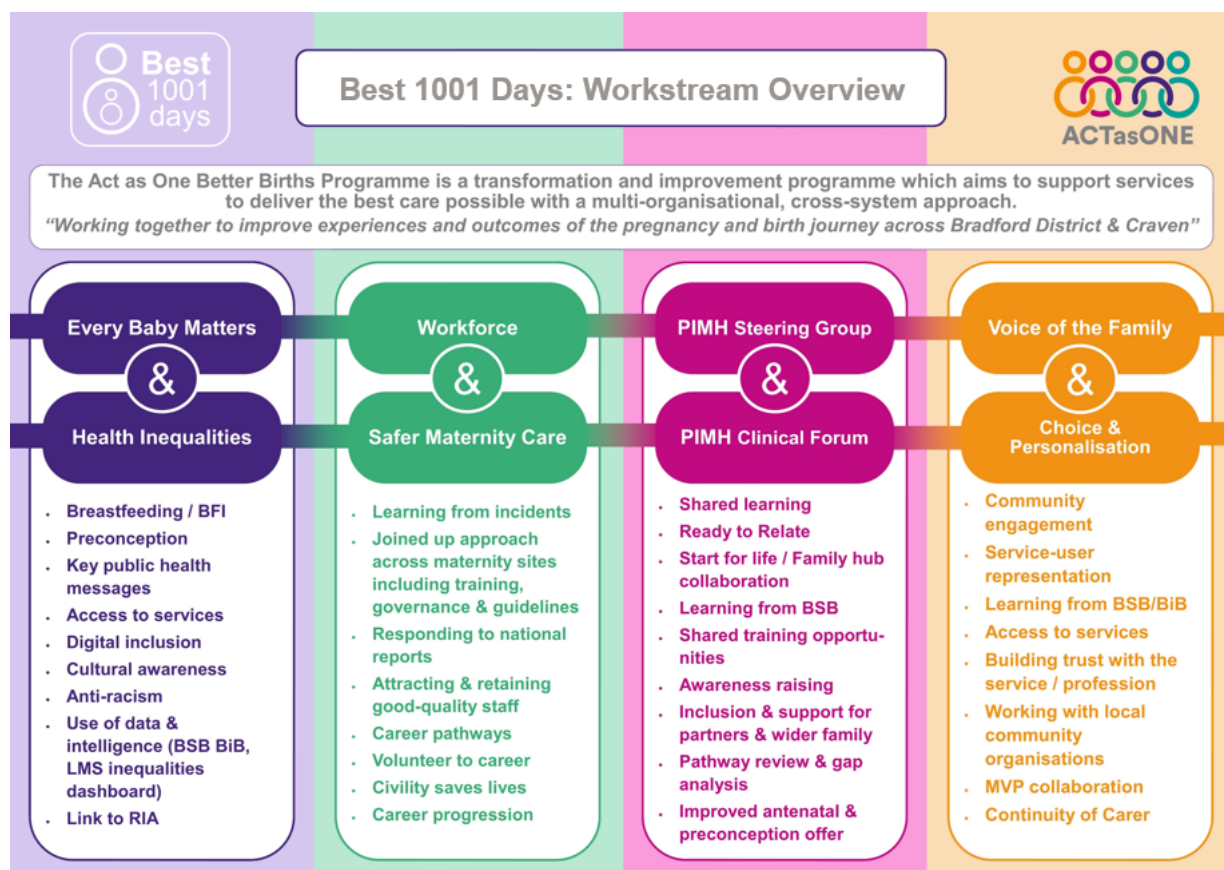
This report highlights some of the key achievements of the past year and outlines our future plans to improve the outcomes for maternity care across our place and reduce disparities in experiences by working as a whole system.

Portfolio:

Healthy People and Places

1. Summary

- The Better Births programme was established in 2020 as one of eight 'Act as One' improvement and transformation programmes for Bradford District and Craven Health and Care Partnership. To coincide with the reorganisation of these programmes into priority areas, we held a reset workshop in September 2022 where we reviewed and realigned our aims and objectives and reformed as the Best 1001 Days programme. This new name is reflective of the body of work we encompass, improving experiences and outcomes for the whole journey from pre-conception through to infancy.
- The new structure and workstream priorities are detailed below.



The workstreams and their respective chairs are as follows:

- **Every Baby Matters** – Sarah Exall; Public Health Consultant for Children and Young People, Bradford Metropolitan District Council.
- **Health Inequalities** – Amy Tatham; GP partner and Associate Clinical Director of Maternity & Women's Health, Bradford District & Craven Health and Care Partnership.
- **Workforce** – Vicky Brooksbank; Deputy Director of Midwifery, Airedale NHS Foundation Trust
- **Safer Maternity Care** – Carly Stott; Deputy Director of Midwifery, Bradford Teaching Hospitals NHS Foundation Trust.
- **Perinatal and Infant Mental Health (PIMH)** – Lisa Milne; Clinical Lead for SMABS (Specialist Mother and Baby Mental Health Service), Principle Psychological Therapist including Parent-Infant Therapy and Perinatal Mental Health Pathway Lead, Bradford District Care NHS Foundation Trust
- **PIMH Clinical Forum** – Lisa Milne and Becky Palethorpe; Specialist Midwife for Perinatal Mental Health and Complex Care, Bradford Teaching Hospitals NHS

Foundation Trust.

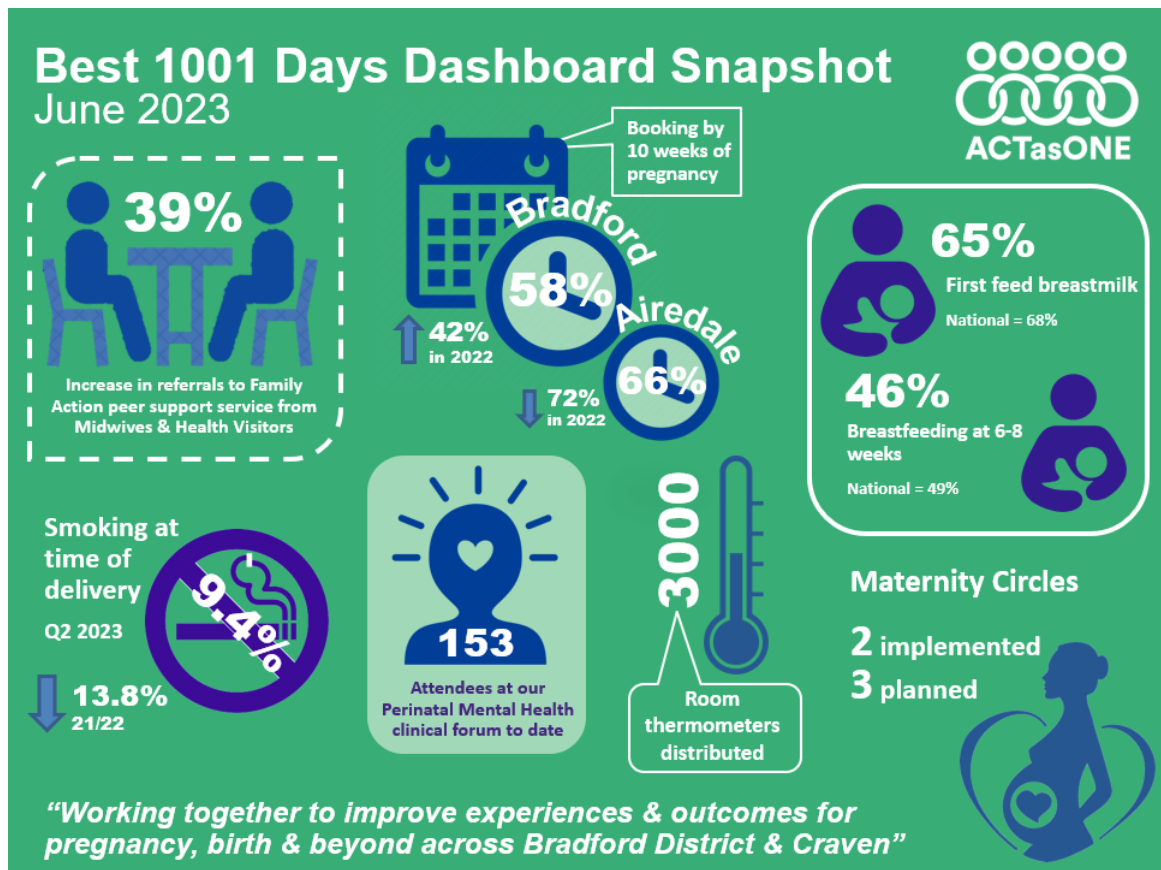
- **Voice of the Family** – Nasrin Ali and Sarah Hutchinson; Co-Chairs for [Bradford District and Craven Maternity and Neonatal Voices Partnership](#) (MNVP).
- **Choice & Personalisation** – Jo Stubbs; Specialist Midwife for Quality Midwifery Practice and Birth Matters debrief service, Bradford Teaching Hospitals NHS Foundation Trust.

2. Background

- In July 2022, the Better Births programme was invited to attend the Health and Social Care Overview and Scrutiny Committee (HOSC). Our previous report can be found [online](#) (agenda item 14 Act as One Better Births Improvement and Transformation Programme)
- This report is a follow-up to demonstrate our progress and key achievements of the past year. We will focus on 2 of our most prominent challenges; health inequalities and workforce and provide an overview of all workstreams. A reference to the recent trust CQC inspections is also included for transparency only. This doesn't sit under the programme, but we know this will have an impact on our work and will support where possible to respond to any actions.

3. Report issues

- The infographic below highlights some of our key priorities and successes since we last reported to HOSC:



- There has been a 39% increase in referrals from midwives and health visitors into the Family Action perinatal mental health peer support service. We have worked with Family Action to increase awareness among staff of their service by inviting them to attend staff forums and we created a PIMH services directory which was distributed across the district and made available on the [Healthy Minds website](#). Encouraging early referral into such services can prevent deterioration of mental health and lessen the need for more intensive intervention later down the line. During perinatal mental health awareness week (1st to 7th May), we ran a small local campaign to raise awareness of the condition and help people understand how they can access support.
- We developed a resource to raise awareness of the importance of booking by 10 weeks of pregnancy and circulated this to GP practices across the district. This has been shared with service users in a variety of formats including posters and leaflets in waiting rooms, digital information on websites and social media. We also shared supporting information to share with staff. We have seen an increase in Bradford of booking early from 42% to 58% from 2022 to 2023. Airedale have seen a slight decrease, but we will be building on previous work with our counterparts across West Yorkshire and Harrogate Local Maternity System on an initiative to further increase early booking across the region.
- Breastfeeding is high on the agenda for the Best 1001 days programme. In the past year we have seen the new breastfeeding peer support service '[Breastfeed Together](#)' established and the re-introduction of breastfeeding peer support on the ward at BTHFT. Peer volunteers attend our maternity circles:-
- In response to two community engagement events we held in collaboration with the [Maternity Voices Partnership](#), a new initiative was co-created with families. The maternity circles aim to reduce feelings of isolation during pregnancy and early parenthood and enable women to be signposted to a range of vital services across the district. We have two in place in Ravenscliffe and Manningham and a further three planned in Keighley, BD5 and BD4.
- During the winter cost of living crisis, we distributed 3000 room thermometers to families on the postnatal wards. Recognising the difficulties families are facing to maintain a safe and comfortable temperature in the homes, the aim was to promote the optimum temperature for safe sleep for babies, essential in reducing the likelihood of sudden infant death syndrome (SIDS, previously referred to as 'cot death'). [Cost of living](#) booklets were given alongside these to direct families to support and advice for the many who are currently facing financial hardship. We also worked together with the parent education teams across Bradford and Airedale to create a [safe sleep video](#) to share with families.
- Our perinatal and infant mental health clinical forum has been really popular across all sectors and organisations working with families in the perinatal period. We have had 153 attendees to date and some really interesting and informative speakers and discussions which have raised key issues to be fed into the PIMH steering group.
- Smoking rates at time of delivery has seen a 3.5% decrease since last year. Last year in collaboration with the reducing inequalities in communities (RIC) programme, midwifery support workers received training to provide an in-house smoking cessation service and smoke-free champions were implemented. We are planning to build on a bank of short educational videos which will include smoking in pregnancy, drug and alcohol use in pregnancy and genetic awareness.

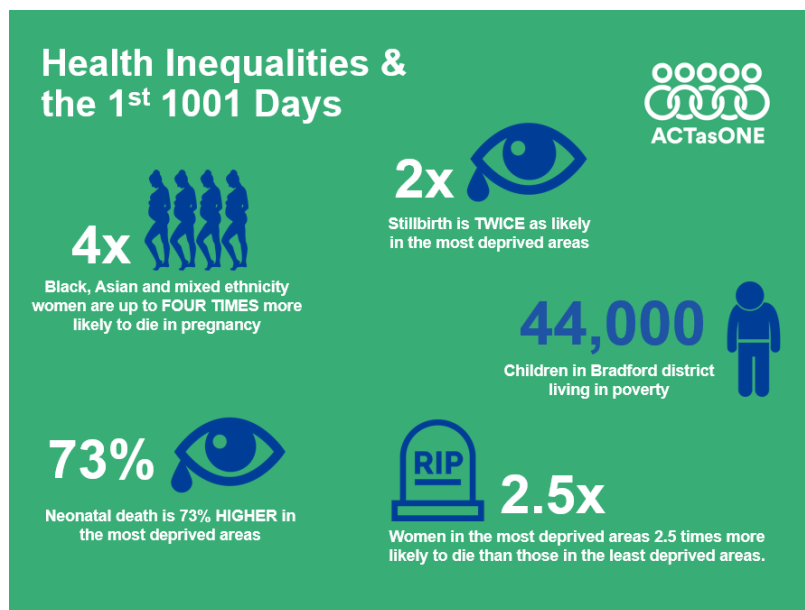
3.1 Health Inequalities and the First 1001 Days

Health inequalities have been a key focus of the Best 1001 Days programme since the outset. As well as being a standalone workstream chaired by Amy Tatham, GP partner

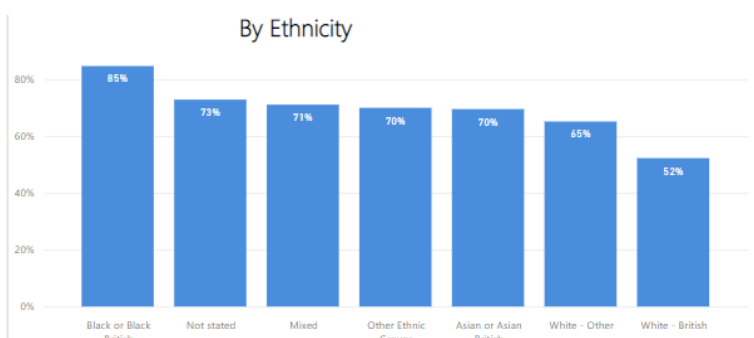
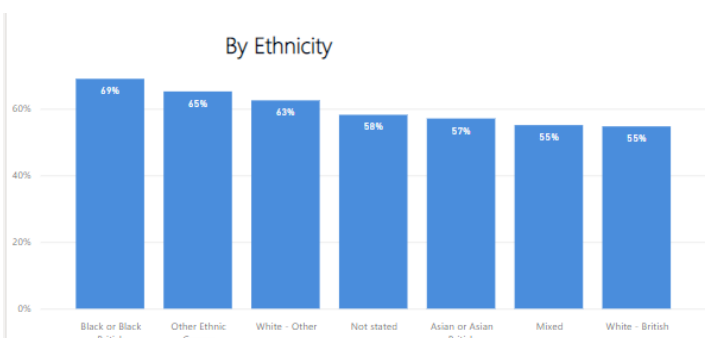
and Associate Clinical Director of Maternity & Women’s Health for Bradford District and Craven Health and Care Partnership, we also incorporate focus on reducing health inequalities throughout all the work we do. Having Amy as our clinical lead also ensures that the reducing inequalities agenda is kept at the forefront of the programme.

We are working closely with the place-based [Reducing Inequalities Alliance](#) to ensure we use data, alongside people’s experience of care, to understand how we can reduce some of the avoidable differences in life expectancy and quality of life for families across our district.

These are just some of the statistics which highlight why health inequalities must remain our priority:



We recently gained access to a fantastic tool which has been developed by the West Yorkshire and Harrogate Local Maternity & Neonatal System (LMNS). This health inequalities dashboard allows us to look at data and break it down by demographics for example ethnicity and deprivation of residence. When looking at the rates of booking by 10 weeks of pregnancy (see chart below left), we can see that our Black and Asian service users have the highest percentage of late booking. Having this information at our fingertips really helps us to direct our efforts where they are most needed. We can drill down further to see which postcode areas we need to target with key messages around the importance of early access to antenatal care. In contrast, we can see from the breastfeeding data that our Black population represent the highest for uptake of breastfeeding at time of birth in Bradford (see chart below right).

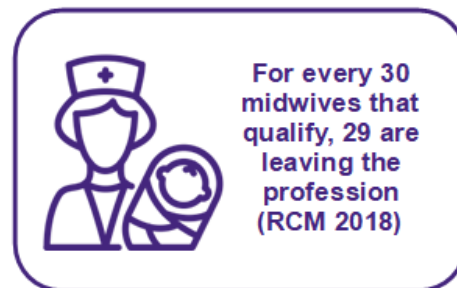


This highlights that we can't adopt a universal approach for certain communities, we need to use the data that is available to tailor initiatives for the best impact and improvements in outcomes.

The focus on maternity provided by the [NHS England Core20Plus5](#) framework has given us the opportunity to focus our thoughts in the Best 1001 Days programme on how to address the inequalities that exist, focusing not only on women that live in the 20% most deprived communities (equating to 40-50% of the Bradford population) but also how to make sure the work we do will address the disparity in outcomes for women from specific groups in our district. Working alongside colleagues in the Reducing Inequalities Alliance (RIA) has seen some key developments in the community partnership work including the development of more maternity and baby circles as well as additional focus in some areas on young parents and their overall wellbeing. We will continue to work with the RIA not only on joint work opportunities but also to look at the metrics we use to determine what is and isn't working to address inequalities moving forwards.

3.2 Workforce Challenges in Maternity Care

We are over 2500
midwives short in England currently
(RCM 2023)



We know that our midwives and maternity service support workers play a vital role in caring for many women, babies and families each year across Bradford District and Craven. They work incredibly hard to ensure all families receive the support that they need as well as access to personalised care.

In July 2022 we hosted an event [Supporting Our Maternity Workforce](#). This was an opportunity to put midwives and maternity service support workers in the spotlight and acknowledge their hard work. We welcomed some of the top experts in the field of maternity staffing and an inspirational speaker, Steve Head. The conference was well received by our workforce and praised as being informative, uplifting and inspiring.

A current project we have underway is the Volunteer to Career initiative, a piece of work which endeavours to nurture a homegrown workforce, reflective of the community it serves. This initiative will bolster our existing workforce alongside futureproofing it, by developing opportunities for our people across place. You can read more about this under the Best 1001 Days Workstreams heading.

3.3 The Best 1001 Days Workstreams

In this section, the 4 pillars of the Best 1001 Days programme will be presented with a summary of the following:

- Work to date
- Current projects
- Future plans

Some of the key achievements and initiatives will be highlighted in further detail.

3.4 Every Baby Matters & Health Inequalities

“To ensure every woman is ‘fit for pregnancy’ and every baby has the best start to life with a focus on reducing health inequalities.”

Work to date:

- Maternity Circles focusing on areas of highest need with the poorest maternal and infant outcomes
- [‘Reducing Inequalities in Maternity’](#) event, attended by around 100 people and brought national experts to our district as part of efforts to reduce inequalities affecting maternity care
- Reinstating community midwifery clinics within family hubs
- Smoking cessation midwifery support workers
- Distribution of 3000 room thermometers and cost of living booklets through the winter cost of living crisis
- [Safe sleep video](#)
- Digital champions to reduce digital exclusion in communities

Current projects:

- Preconception innovation project
- Roll-out of maternity circles
- Genetic literacy work in collaboration with [WomenZone](#)
- Drug, alcohol and smoking in pregnancy videos
- Cultural awareness training
- [Start for Life](#) Family Hub development
- Maternity transport costs – exploration of a solution to prevent poor outcomes resulting from lack of funds to attend maternity care

Preconception innovation project

In September 2022, we applied for funding from the LMNS for an innovation fund to support the development of a preconception service. By providing service users with a holistic approach to care right from the very beginning of their 1001-day journey, we know we can make a huge difference to experiences and outcomes.

Preconception health relates to the health behaviours, risk factors and wider determinants for women and men of reproductive age which impact on maternal, infant and child outcomes. The following factors all influence these outcomes and can be addressed in preconception care:

- Maternal weight
- Smoking, alcohol/substance misuse
- Folic acid intake
- Immunisations
- Long-term physical and mental health conditions
- Previous pregnancy complications
- Maternal age
- Genetic conditions and / or close relative marriage
- Domestic violence

At a population level, preconception care primarily aims to improve maternal and child

outcomes through improving planning and fitness for pregnancy, but it also brings health benefits to children, young people and adults, both female and male, irrespective of their plans to become parents.

Preconception care is a way of supporting health improvement for individuals across their reproductive life-course, aligning local services to provide universal support for everyone, as well as targeted support where it is most needed. It is also about ensuring that services can take a forward view to promote healthy behaviours and support early interventions to manage emerging risks across the life course, prior to first pregnancy, and then looking ahead to the next baby and beyond.

The funding enables us to provide a preconception service for families across the district, the idea being that preconception care, advice and education can be accessed in a community setting. The project links closely with the social prescribing team who are embedded within the community, can get to know the families the community and identify the most vulnerable women. They are perfectly placed to guide them through their maternity pathway from the earliest opportunity.

We have worked closely with the team at Bevan Healthcare and the [Starting Well](#) initiative which has been running for 2 years. This has enabled us to upscale the fantastic work which has been done with some of the most vulnerable communities in the district to reach the wider population across place.

Maternity transport costs

Emerging themes following the reviews of maternity safety events, including stillbirths, found a recognition that the current financial crisis is impacting on the ability of some women to attend essential antenatal appointments. There has been an increase in 'Did Not Attend' (DNA) rates owing to lack of funds for transport to essential appointments. Through the programme we have explored multiple solutions to this concerning trend, including reaching out to local transport providers and considering whether funds from the complex reimbursement scheme could be reallocated to provide vulnerable families with pre-paid travel vouchers. To date, we have been unable to establish a solution, however we will continue to raise this as a concern at a variety of forums and work together with partners to resolve this for our most disadvantaged service users. Following our recent appearance at the [Health Services Journal \(HSJ\) Health Inequalities Forum](#), an interest was expressed by one of the editors who plans to publish an article regarding this important issue.

Future plans:

- Expand on the genetic literacy work
- Evaluation and upscale of pre-conception work
- Continue close partnership working with Start for Life on the development of Family Hubs
- Align programme of work with the National Improvement Plan for Maternity

3.5 Workforce & Safer Maternity Care

“Working together to improve retention, recruitment and build a workforce able to deliver the safest possible maternity care.”

Work to date:

- We have worked with the [One Workforce Hub](#) website to promote midwifery as a career in the district to develop a resource which details a variety of routes into the profession alongside testimonials from staff.
- [Supporting Our Maternity Workforce](#) event which celebrated, showed appreciation and support to our staff. The event hosted some of the top experts in the field of maternity staffing and an inspirational speaker, Steve Head.
- Regular Joint Quality and Safety Speciality meetings are now held across-site.
- 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.
- Development of the peri-prem passport across place.

Current projects:

- Volunteer to career programme
- Development of the Perinatal Project Administrator / 1001 days care navigator role
- Peri-prem passport roll-out
- Pre-term pathway collaboration
- Smokefree SCBU

Volunteer to Career

Through the Best 1001 Days programme we are continually looking at ways to increase recruitment and retention. A previous successful project in Bradford supported volunteers in Health Visiting Clinics across the district. Volunteers were recruited to support Health Visitors by being trained to undertake weights and measurements of babies. This took some of the workload from the Health Visitors, enabling them to be freed up to have more time for important conversations with families, whilst providing the volunteers with valuable skills and experience to help them progress into either training or employment within the health and care sector. Every one of the volunteers was supported to pursue their career goals through this project.

The following data illustrates some of the achievements of the Volunteer to Career programme to date which really speak for themselves:



79%

Of staff believe that volunteers improve their working lives



59 min

Average staff time saved per volunteer interaction



73%

Of volunteers secured employment or further education/training

Through the Best 1001 Days Programme, we are taking a place-based approach to implementing the VtC initiative. In addition to working across both maternity units at Bradford Teaching Hospitals NHS Foundation Trust (BTHFT), Airedale Hospitals NHS Foundations Trust (ANSHFT), public health and primary care; we work with multiple Voluntary Care Sector (VCS) and NHS organisations who provide voluntary positions

which directly benefit the maternity services pathway from preconception through to infancy. These positions include:

- Family health champions at Womenzone delivering education and support regarding genetic literacy
- Bradford Doulas providing support to vulnerable women throughout late pregnancy, labour, birth and postnatally
- Breastfeed Together Breastfeeding peer supporters
- Family Action Perinatal mental health peer supporters
- Henry nutrition support and advice for families

We have recruited a clinical lead to oversee a formalised approach to supporting individuals in all of the above roles progress in their career to access further training or paid employment within the health and care partnership.

Voluntary services complement and bolster the existing workforce and through the VtC programme, we would have the opportunity to provide volunteers with access to support to enable them to maximise their potential and step forward into the next stage in their career. This also provides an excellent opportunity to develop a home-grown workforce which is reflective of the community we serve, opening up opportunities to individuals who may not otherwise have recourse to embark on traditional routes into healthcare training or employment.

By undertaking this project across place, we are able to provide a network of volunteers with the opportunity to work across a range of sites and disciplines with families from pre-conception through pregnancy, birth and into infancy. Each of the aforementioned volunteer roles are provided with training by their host organisation, these packages of training have the potential to be offered to all of the volunteers who wish to follow the VtC pathway, giving them a wide range of skills and experience to enhance their experience and future career prospects.

Appointment of a clinical lead as a secondment opportunity also provides career progression for an existing member of staff, an incentive known to support staff retention. The benefit of this alongside the potential bolstering and growth of the workforce through the project justifies the loss of clinical hours from the lead.

By delivering this project at place, we have the added benefit of being able to work closely with our partners at Bradford District Care NHS Foundation Trust (BDCFT). BDCFT will be the host organisation for the clinical lead, allowing for collaboration and shared learning with the existing clinical lead. Previous work done by BDCFT has allowed for free movement of volunteers across all sectors and organisation in the health and care partnership, providing volunteers with multiple opportunities for varied experience across the system.

Future plans:

- Civility in the workplace training
- Focus on staff retention
- Event exploring themes from stillbirths 2022
- Expand on training opportunities for staff across place

3.6 Perinatal and Infant Mental Health (PIMH)

“Raise awareness, increase access and improve outcomes for the perinatal and infant mental health of our community.”

The Perinatal & Infant Mental Health steering group now sits beneath the Best 1001 Days umbrella. PIMH has always featured high on our agenda. We have previously hosted 2 cross-sector PIMH events which have helped to inform actions and improvements across the system including the implementation of our PIMH clinical forum, the key issues of which feed into the PIMH steering group.

Below are some of the reasons why PIMH is so high on our agenda. Recent MBRRACE report findings in relation to PMH show that:

- 1 in 9 mothers who died experienced severe and multiple disadvantages, such as mental illness, domestic abuse and substance use
- More women from deprived areas are dying and this continues to increase
- 40% of deaths within the year after pregnancy were from mental health-related causes
- Suicide remains the leading cause of direct maternal death in the first postnatal year
- Suicide during pregnancy or up to six weeks after is increasing – in 2020, women were three times more likely to die by suicide during this period compared to 2017-19
- Very few women who died by suicide in 2020 had formal mental health diagnoses, but significant numbers had a history of trauma
- Women living in the most deprived areas are more than twice as likely to die as women living in the wealthiest areas
- Concerning trend of increasing teenage suicides
- Roughly doubling of domestic abuse rates in suicide and substance misuse deaths, compared to 2017-2019.

Work to date:

- Establishing the bi-monthly PIMH learning collective
- Development and distribution of at-a-glance referral pathway
- Development & distribution of services directory for professionals & service users (also online)
- Awareness raising during Maternal Mental Health week & distribution of goody bags at both maternity units
- Maternity circles reducing social isolation and signposting to PIMH services
- 2 multi-sector, cross organisation PMH events
- Appreciative inquiry workshop to establish priorities
- Pop-up training sessions delivered at both maternity units

Current projects:

- Mapping project
- Family Hubs and Start for Life – mild to moderate infant mental health and perinatal mental health are central
- Healthy minds website – a work in progress
- Infant mental health matrix for training
- Mums And Babies In Mind ([MABIM](#)) pathway assessment tool
- Ongoing action planning – including workshop
- Beginning a perinatal mental health strategy

We held a PIMH workshop in March to refine the aims and objectives of the workstream and, together with partners, ensure that we have a work plan which addresses the stark statistics we have presented. We brought together core members of the PIMH steering group and the key themes identified were:

Strategy: Develop a local strategy which considers the Long Term Plan alongside the unique needs of our community.

Training: Create a training matrix and share training offer across organisations to maximise reach.

Voice of the child: Needs to be considered at every stage of the journey from preconception to infancy and beyond. Also to consider how we learn from the experiences of partners and wider family members.

Use of data: Improved access to data in the system and use this to inform the programme.

Inequalities

Link to HI workstream: Access to care. Representation from Bradford Children and Families Trust.

Pathways: Develop a clear PIMH pathway and communicate this to professionals and families.

Specialist Mother and Baby Service (SMABS)

Bradford District and Craven's [Specialist Mother and Baby Mental Health Service](#) (SMABS) receives around 50% of the funding allocated by NHSE to community perinatal mental health services – these services are targeted secondary care mental health services working with the most high risk and severely mentally unwell mothers, their infants and families. SMABS continues to receive increased referrals (44% increase compared to 2020-21). Referrals and those offered ongoing care reflect the demographics of the birthing mothers in the locality. The limitations in funding mean that the service does not meet the specifications of the Long Term Plan (LTP) (2019). The LTP intends that investment into perinatal mental health is prioritised to ensure that at least 66,000 women with moderate to severe or complex PMH needs to have access to specialist community care from preconception to 24 months. This is in line with the cross-government focus on the 1001 critical days of a child's life; (that results in a 10% access target of the birthing population in each area). Unfortunately, due to the funding limitations, SMABS are currently only able to provide their service to 3.75% of those with the most serious mental ill health. In addition to this, there are just 8 inpatient beds in specialist mother and baby units across the whole of West Yorkshire and Humber. Through the Best 1001 days programme, we have an acute awareness of the devastating impact poor perinatal and infant mental health can have on parents, families and the wider community and we are dedicated to raising awareness, increasing rates of early detection and access into services, and working in partnership to improve outcomes and experiences for all families affected.

Ready to Relate



The [Ready to Relate](#) cards are a visual, interactive tool to help practitioners assess, discuss and share healthcare information with families and to make NICE recommended interventions accessible. The cards aim to improve and enhance the parent-infant relationship and promote infant attachment and optimal infant development.

Ready to Relate training and resources have been delivered to around 170 practitioners in Bradford District and Craven as part of the Public Health [Adversity, Trauma and Resilience](#) contract. Excitingly, Start for Life funding will continue ensuring free training and resource is available across the district as well as ongoing development of BDCFT's digital Ready to Relate resource for all families across place; this resource being a partner to the cards resource, enabling practitioners to leave trustworthy information that promotes the parent-infant relationship with families.

The resource aims at changing the narrative of our infants, so we are inspired to recognise the sensitive, interested, interesting, relational beings that are our infants, supporting parent-infant relationships through understanding our infants better and mitigating Adverse Childhood Experiences (ACEs) as we support parents to be the buffer to their infants' stress. The resource reflects the diversity of our district and was developed in co-production with our families. This is a resource intended to be used with all families, to support changing the narrative of all of our babies and seeing our babies as relational others, so it is a universal resource, and can also be used as an intervention when any additional need for support is identified.

Future plans:

- Develop work plan – to include MABIM, national agenda and local identification
- Perinatal mental health training matrix
- Refresh the participants to the steering group
- Widen the attendance to the clinical forum
- Develop strategy for perinatal mental health
- Support Start for Life and the increased access to infant mental health care and perinatal mental health care

3.7 Voice of the Family and Choice and Personalisation

“Ensuring that the voice of the family is considered in everything we do. Providing a service which is tailored to the needs of our population.”

This pillar is currently the least developed of the four, due to some changes in the governance structure of the Maternity Voices Partnership (MVP). We now have two new chairs in post who will also co-chair our Voice of the Family workstream. This will strengthen and amplify the voice of the family throughout all of the work we do; and increase the potential for co-production in all of our projects.



In line with national best practice guidance, our MVP now incorporates neonatal services and is the Maternity and Neonatal Voices Partnership (MNVP). We have coproduced a new leadership model to ensure reach across the whole of Bradford District and Craven and effective liaison with both maternity Trusts. This includes wrap-around support to the

MNVP from the VCSE Support and Improvement Programme provided by [Here4BDCC](#) to ensure that the voice of the family is heard, considered and responded to across the health and care partnership. Insight from the partnership's Experience of Care system and [Listen in](#) programme are regularly reported to the MNVP. Our partnership with the MNVP ensures that the voice of the family is considered throughout every aspect of the programme.

Work to date:

- Community engagement events with a range of stalls, activities and workshops with representatives from 12 organisations and around 40 parents from White, Pakistani, Bangladeshi, Roma, Slovakian and Polish communities.
- 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, we also benefit 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.

Current projects:

- Joint working- parent education, online, specialised classes face to face 1:1 sessions, classes in Urdu and Punjabi
- Multilingual information – accessed by scanning QR codes
- Continuity of Carer (CoC) community midwifery teams for complex needs, BSB - BD5, BD3. Enhanced antenatal and postnatal care
- Established CoC homebirth team
- Joint collaboration with Airedale midwife – Birth Matters Service
- Improving access to language line/interpretation services, trial in progress via OMS
- Regional South West Yorkshire project – developing pathway for Birth reflection services, focus on trauma informed care– can learn and feed into Act as One
- Newly appointed Chairs for MVP will jointly lead VoF workstream to ensure collaboration

Future plans:

- Challenges with implementing patient portal for BTHFT following launch of EPR. Hand held personalised care plan not being utilised
- How can we better share the insight that we have across our system to opportunities to act on the views and experiences of families?
- Link MVP members in each of the workstream membership to ensure voice of the family is considered in everything we do.

3.8 Recent CQC Inspections

As a programme, we do not have direct responsibility or influence over the trust CQC inspections, however we acknowledge the findings and offer support where possible. Our steering group provides an opportunity for the 2 trusts to confer, share progress and seek opportunities to collaborate and learn from best practice.

- Bradford Teaching Hospitals NHS Foundation Trust – Statement from Sara Hollins, Director of Midwifery:

Bradford remains 'Requires Improvement' overall but the CQC report was extremely positive and reflected significant improvement in the well led domain from 'Inadequate' to 'Good'. As an organisation we are absolutely delighted with this acknowledgment of the learning and improvement journey we have been on for the last 3-4 years.

'Safe' remained 'Requires Improvement' mainly due to a repeated failure in compliance with the safe disposal of epidural solution, which had been highlighted in a previous inspection. However, the narrative within the report reflects the sustained improvement work noted by the CQC since their last visit.

The service has 2 'Must Do' actions regarding epidural disposal and improving medical staffing in the Maternity Assessment Centre, and 5 'Should Do' actions.

An improvement plan has been submitted to the CQC and has been ratified through CSU governance processes, shared with the Executive Team and will be approved at July Trust Board.

- Airedale NHS Foundation Trust - Statement from Sarah Simpson, Director of Midwifery:

Inspection on 6th December 2022 focussed on the Well led and Safe domains. Following inspections the CQC rated the service as requires improvement which has resulted in a overall rating for the Trust as 'Requires Improvement'.

We have in total 7 regulatory "Must Do" actions relating to consent, systems and processes around triage and risk assessment of women, safeguarding systems and processes, staffing, staff receiving appropriate time and support to attend training, professional development and appraisals and governance processes.

The teams are working towards compliance of the actions and are reporting monthly to a Maternity Assurance Group with Executive membership and Chaired by the Chief Nurse.

The Best 1001 days may want to consider whether some joint working may support the delivery against some of the additional training requirements for maternity and neonatal services of which are included in the Core Competency framework. This could include joint faculties for NLS, PROMPT, Inequalities training etc. We may be able to consider some joint work relating to the performance indicators and outcome measures relating to SBLV3 certainly around smoking cessation, training and resource and the MNVP.

Midwifery staffing remains to be a challenge certainly throughout July, August and September. We have engaged in the centralised recruitment and have successfully recruited 9 newly qualified midwives. Our pastoral lead midwife is working hard to improve retention of midwives and the role is evaluating well.

4. Recommendations

- 4.1 That members support the sharing of information on initiatives to help reduce inequalities and help ensure the best possible start for life for babies born locally. This includes supporting campaigns on perinatal mental health, encouraging women to book with their midwife within 10 weeks of pregnancy, raising awareness of the maternity and neonatal voices partnership so we can diversify the membership and attendance at meetings and sharing key public health information such as quitting smoking, safe sleep, health and nutrition and more.
- 4.2 Note that the Best 1001 Days programme will continue to prioritise the reducing health inequalities agenda, responding to national policy documents such as NHS England's Core20Plus5 model for tackling inequalities. We will use data as well as lived experience to do so, members are asked for their support in sharing any issues raised by their constituents so that we hear the experiences of all our communities and act on this.
- 4.3 That members support our efforts to find a solution to the concerning impact of disadvantaged families in our district missing vital care due to the inability to afford transport costs.
- 4.4 That members recognise the lack of service provision for the most acutely unwell perinatal mental health patients due to the limited funding available for SMABS.
- 4.5 Note that the programme will continue to support the two NHS Foundation trusts following the recent CQC inspections, using our place-based 'Act as One' approach. We recognise the wider national challenges which impact upon maternity services, most notably workforce challenges which we will continue to work together on to address with a multi-organisation approach.

5. Background documents

None

6. Not for publication documents

None

7. Appendices

None