A SUMMARY OF THE CONTINUITY OF CARER SESSIONS JUNE 2018
What is Continuity of Carer?

First and foremost Continuity of carer means that there is consistency in the midwife or clinical team that provides hands on care for a woman and her baby throughout the three phases of her maternity journey (pregnancy, labour, the postnatal period). Secondly, it enables the co-ordination of a woman’s care, so that a named individual takes responsibility for ensuring all the needs of a woman and her baby are met, at the right time and in the right place. Thirdly, it enables the development of a relationship between the woman and the clinician who cares for her over time.

The National Maternity Review, Better Births\(^1\), recommended that woman have continuity of carer throughout pregnancy, birth and postnatal periods. This is because women who experience midwife-led models of continuity of carer are:

Implementing continuity of carer is therefore an important tool in meeting the national ambition to reduce rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% by 2020 and 50% by 2030.

Further information about what continuity of carer means can be found here:-

Further information about what the LMS needs to deliver can be found here:-

Local maternity systems (LMS) across England are tasked with implementation of the Better Births recommendations. Our local LMS in Shropshire, Telford and Wrekin is made up of NHS organisations, Healthwatch and local councils, who are working together with women and their families to design and implement improvements in maternity and neonatal services. The work of the Local Maternity System is described in the Shropshire, Telford and Wrekin Local Maternity System Plan, which can be found here:


**CONTINUITY OF CARER SESSIONS JUNE 2018**

**6th June 2018 Continuity of Carer Session**

In implementing Better Births, there is a nationally set requirement that by March 2019, 20% women in the county are booked onto a continuity of carer pathway. On 6th June 2018, a small group of health professionals and experts by experience came together to discuss how we can increase the number of women who receive continuity of carer in Shropshire, Telford and Wrekin maternity services. The meeting included discussion on:

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North West London LMS have already done a lot of work around continuity of carer, as they were an Early Adopter (meaning they were one of 7 areas that started maternity transformation earlier). Amanda Rogers (midwife project manager) who has led on setting up new caseloading models of care on behalf of North West London LMS joined the session via teleconference to share their experience and progress on this topic. The approaches used in a number of different areas were discussed, including the models in place in North West London, Surrey Heartlands and Cheshire & Merseyside. The group spoke with Amanda Rogers to get more detail about the model in operation in North West London and the pros and cons of each of the model types.
What is the current position in Shropshire, Telford and Wrekin?
In Shropshire, Telford and Wrekin, continuity of carer is not currently measured in line with the definition recently set by NHS England. We do know that around 85% women get continuity of carer in the antenatal and postnatal period. However, they do not receive continuity of carer across all three elements of their care. This is because the hospital and community midwifery teams work separately and women will be receiving their antenatal and postnatal care from community teams with most giving birth in the consultant unit, where care is delivered by hospital teams. Women having a home birth will receive continuity of carer across all three elements of care. Some women giving birth in the midwife led units will receive continuity of carer across all three elements of care.

How is continuity of carer being delivered in other areas?
There are a broad range of different approaches being taken in different areas with regards to the staffing model adopted and the cohort of women they are including in continuity of carer pilots. Some areas are focussing on low risk women, for example through home birthing teams with others focussing on women with a higher level of risk associated with their pregnancy, for example those who will be delivering their baby by planned caesarean section. Several different staffing models are in operation, including:

**Caseloading**
- Each woman has an individual midwife responsible for co-ordinating her care.
- Midwives arrange their time around the needs of a caseload of women.
- Backup is provided by a core team who the woman is unlikely to have met.

**Team continuity**
- Each woman has an individual midwife responsible for co-ordinating her care.
- Midwives work in teams of 4 to 8.
- Midwives arrange their time around a caseload of women but have some protected time.
- A woman knows all the midwives in a team.

**Hybrid models**
- A combination of caseloading, team continuity and buddy systems.

**Buddy system**
- Pairs of midwives work together as buddies.
How might we start to increase continuity of carer?

A number of ideas were discussed with regards to the cohorts of women the continuity of carer initial pilot could work with. The group felt that the following cohorts of women would provide a good starting point for continuity of carer project, as most of these groups already have specific teams of midwives working with them:

- Home birth/low risk
- Diabetic Women
- Teenage Parents
- Elective Caesarean Section
- Vulnerable Women

The group discussed the importance of ensuring that midwives involved in the pilot are committed to delivering continuity of carer and are willing to try new ways of working. SaTH (the maternity services provider) will need to identify midwives across community and consultant unit teams who are willing to try this new way of working. Those people can then look in more detail about how the continuity of carer models can be implemented.

It was agreed that good communication is important between the staff and also between staff and women accessing the services. The idea of having midwife profiles was discussed, where women could see some information about each of the midwives in the team that explains about the midwife’s experience and particular areas of interest/expertise.

Drop in coffee morning type sessions were also discussed as a good way for women to be able to meet and get to know the midwives in the team. The importance of ensuring that those who are seldom heard are engaged in this work.

It was felt that a pilot site at Wrekin Midwife Led Unit may be a good place to start, as low risk births take place at Wrekin with the high risk births in the consultant unit being on the same site. This will make it easier with regards to developing teams of midwives that work together across midwifery led care and the consultant unit.
Developing a plan

The following next steps were agreed:

**Step 1** - Identify staff interested in being part of the continuity of carer pilot through a workforce survey

**Step 2** - Find out from women, what is important to them with regards to continuity of care through a survey via maternity voices partnership

**Step 3** - Visit other areas that are delivering continuity of carer, to see how it works in their area

**Step 4** - Confirm the cohorts of women to be included in the pilot (consider socially high risk e.g. vulnerable women, teenage parents; obstetric high risk e.g. diabetic women, those having a planned caesarean section; low risk women e.g. home/MLU birth)

**Step 5** - Bring the interested staff together with women to develop up more specific detail for the continuity of carer pilot

**Step 6** - Look at staff rotas. Is there a way to bring community and MLU staff together?

**Step 7** - Develop detail around staffing and finance

**Step 8** - Undertake impact assessment
Following on from the initial meeting on 6th June, a group of health professionals and experts by experience met with the team leading on continuity of carer at NHS England. The purpose of this meeting was to discuss the initial ideas for continuity of carer in Shropshire, Telford and Wrekin and to understand NHS England’s requirements in more detail. This was a great opportunity for us to share our ideas, vision, barriers and challenges along with discussing our strategy for the implementation of continuity of carer locally. The meeting was also useful to aid an in-depth discussion regarding our plans, and to identify what support NHS England can provide as we develop and implement them.

Professor Jacqueline Dunkley-Bent (Head of Maternity for NHS England) and her team attended the session to offer their expertise and support to help us develop our plans around continuity of carer further.

- Support from NHS England includes: Royal College of Midwives (RCM) I-Learn Module. This is a learning module available for RCM members about Continuity of Carer. It is hoped that this will be available to all health care professionals soon [http://www.ilearn.rcm.org.uk/enrol/index.php?id=530](http://www.ilearn.rcm.org.uk/enrol/index.php?id=530)

- Birth Rate Plus continuity of carer formula, not yet available but coming soon August 2018. This will be a way for maternity services providers to plan workforce skill mix and numbers around delivering continuity of carer models.

- Monitoring and evaluation framework for continuity of carer by Prof Jane Sandall which would also be available July 2018.
The key points raised in this session were:

Some of the other areas visited have shown a preference for team continuity and that instead of having an on-call system, staff prefer to work one night a week.

By locating teams in areas of multiple deprivation, where babies are more likely to die, through the close relationship women build through continuity of carer they will be more likely to disclose Substance misuse, Domestic violence, mental health etc. that will enable midwives to better manage the risks during pregnancy and birth. Continuity of carer can also attendance at appointments in these areas.

Do what you can do with what you have. Start small and iterate up, engaging with people and explaining the vision.

Currently in Shropshire, Telford and Wrekin 85% women accessing maternity services have continuity for antenatal and postnatal care but not for intrapartum (care during labour).

A baby born at 33 week gestation has an estimated cost of £30k. This demonstrates the cost effectiveness of continuity of carer as preterm birth is reduced. RCM continuity of care document is very useful to signpost and answers questions to the “elephant in the room” around how much it costs to deliver continuity of carer. When the case is presented often there is a view that it will cost too much. This is not the case. https://www.rcm.org.uk/news-views-and-analysis/news/continuity-of-midwifery-care

Take a “blank canvas” approach and look at focussing on the areas that will have most impact with regards to reducing stillbirth, neonatal death an brain injury – such as areas of multiple deprivation.

One of the key challenges for the Local Maternity System in Shropshire, Telford and Wrekin in driving the transformation programme forward has been the pressure that existing services have been under for the last few years. This has led to low staff morale and a key focus of the LMS Programme of Transformation is about ensuring the workforce are well looked after.

Let the midwives be empowered to provide the care required and plan their own work around their women rather than specific hours of working.

There are midwives who are willing to try a new way of working, we are looking at starting at two different ends High risk and low risk women and what does continuity of carer mean to women who experience it.

There is some good continuity in different parts of the service in Shropshire, Telford and Wrekin. However, the staffing issues are reducing Continuity of Carer.

Continuity of carer cannot be implemented everywhere across the whole system this is due to a multitude of reasons i.e.

- Predominantly female workforce
- Increasing age profile of the workforce
- Numbers of maternity leaves of midwives due to female workforce
- Traditional models of maternity care

Engagement with staff is important when discussing implementation of Continuity of Carer
In Shropshire, Telford and Wrekin, very few women are currently getting continuity of carer across all three elements of care; antenatal, intrapartum (care during labour) and postnatal. We need your views about how we redesign our services so that more women get continuity of carer. A survey has been published to start to gather your views.

YOU ARE ALL are vital to this!

For Health Professionals we:-
- Need to understand how you feel about adopting different working patterns and what can be done to help you work in different ways.
- Need to know this to make plans for new ways of working, and to support staff in changing the way they work.

For Experts by Experience we:-
- Need to know what Continuity of Carer means to you
- Need to know how you would like to be cared for

Please complete the continuity of carer online survey by the 09th September 2018.

We will use your answers to help us to improve maternity services.

https://www.surveymonkey.co.uk/r/STWLMS08182

If you would prefer to complete a paper version of either of these please contact louise.macleod5@nhs.net or helen.white12@nhs.net.

Please return the paper version to
NHS Telford and Wrekin Clinical Commissioning Group
Halesfield 6
Telford TF7 4BF

THANK YOU

We will publish the results of this survey and updates on what we are doing to improve maternity services on SATH/CCG websites and through the MVP group.