



Networking Maternity Voices Partnerships in England



#Hellomynameis... **Catherine Williams**  
**Committee member**  
**National Maternity Voices**

@BerksMaternity @NatMatVoicesorg  
#MatVoices #MatExp #BetterBirths  
[www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk)

# Service User Voice, Coproduction and NHS Maternity Voices Partnerships

Catherine is representing **National Maternity Voices**, the independent national network for MVPs run by NHS MVP Chairs at IME November 2019. Note that she is also **NHS England Lay Member, Maternity Transformation (South East)** & that role includes networking & supporting MVPs for NHS England South East – advising commissioners, MVP Chairs, & health professional leads involved in MVPs.

**NB Additional MVP info at end of slide pack**



## Declaration of Interests - Catherine Williams, Nov 2019

**Maternity Services service user rep** (service user/service user advocate) since 2004  
Chair, Reading, Wokingham & West Berks MSLC (now MVP) 2012-15

**NCT Antenatal Practitioner** since 2012

**NICE Lay Member CG190 Intrapartum Care** 2014 (led planning place of birth group)

**NICE Fellow** 2016-19. **Vice Chair UKMidSS Steering Group, NPEU** 2015 -

Formerly an LSA Lay Auditor, NHS South. RCOG invited service reviews – a lay co-assessor

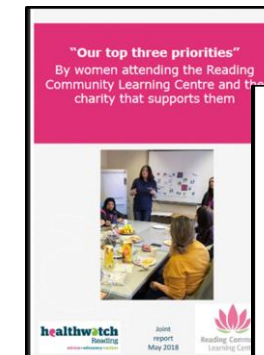
**Health Education England Lay Member** – maternity workforce steering group 2017 -

First chair of **National Maternity Voices** 2016-17, committee member 2017 -

**NHS England Lay Member, Maternity Transformation (South East)** 2018 -

**Midwifery Unit Network** adviser (policy consultant 2018-19, successfully applying for NICE endorsement of MUNet Midwifery Unit Standards)

**Local Healthwatch** – **patient & public involvement across health & social care**, officer & policy manager, since 2015 (particular interests/projects: primary care, A&E and linked service issues/experiences, care homes, NHS complaints advocacy, engagement work planning, interviewing & group facilitation, implementation work – not covering maternity, generally, to avoid conflicts of interest)





*Sheila demonstrating how not to push a baby out*

...but really, why?



Image courtesy of Kate Evans

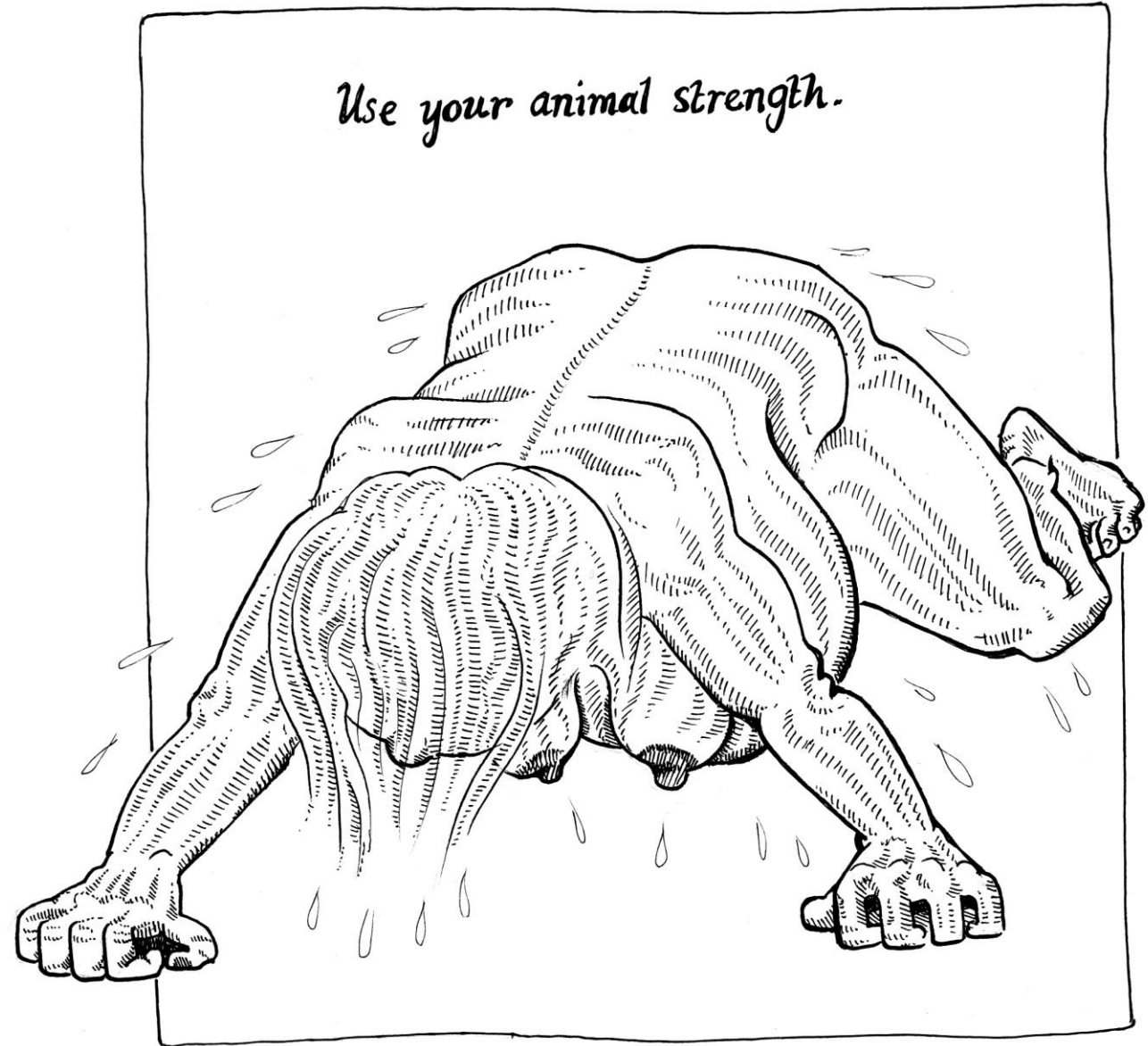
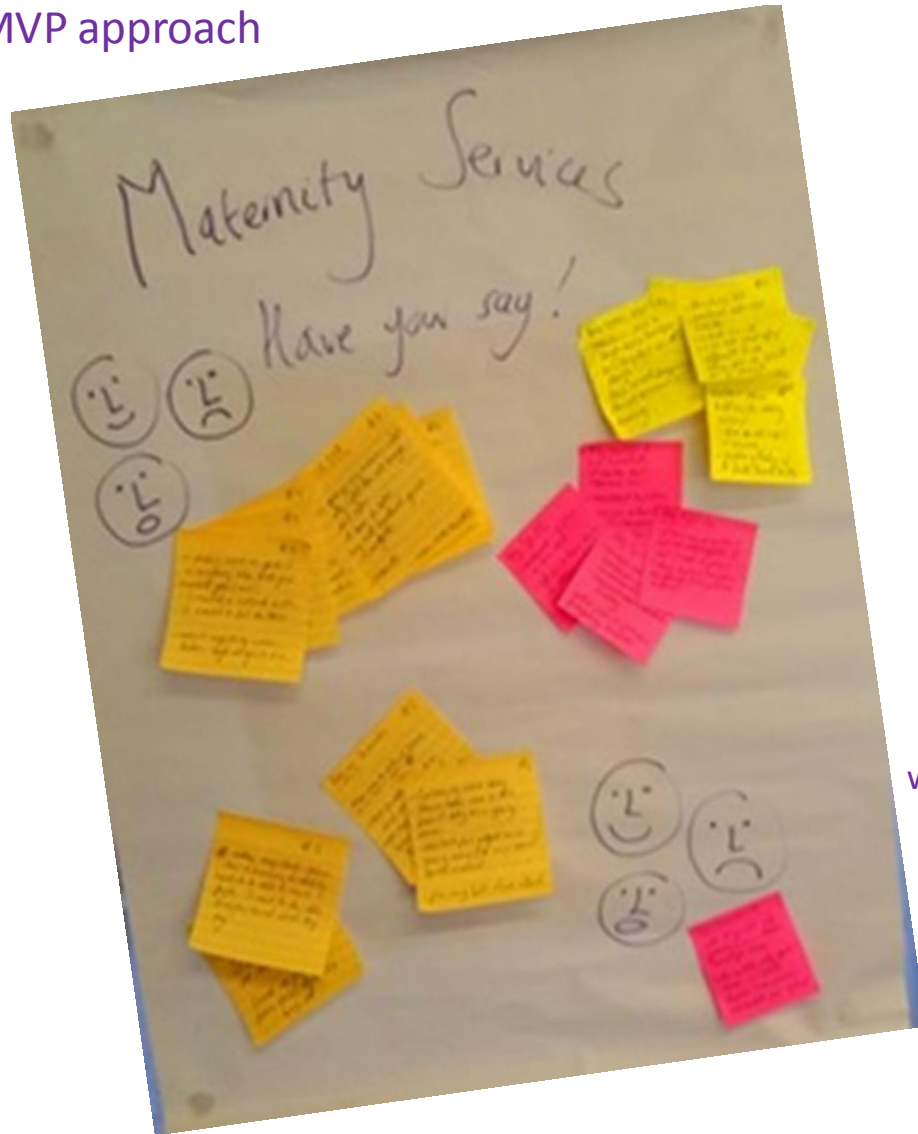


Image courtesy of Kate Evans

...then, getting hooked on listening...

**“What was good? Anything not so good?**

**Any improvements to the service you’d like to suggest?”** Unconditional listening – not leading – is MVP approach



[www.nationalmaternityvoices.org.uk/find-an-MVP](http://www.nationalmaternityvoices.org.uk/find-an-MVP)



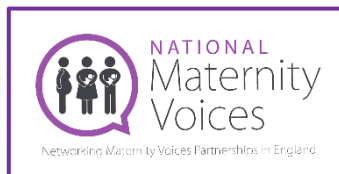
## NHS Maternity Voices Partnerships – outreach work

1. Local parents/parent advocates interviewing local parents
2. Volunteers supported & mentored
3. Parents/parent advocates then reviewing local feedback collected by them & from other sources with professionals at NHS MVP – for action



**THE NHS**  
**CONSTITUTION**

the NHS belongs to us all



*1.1.17 Commissioners and providers<sup>[1]</sup> should ensure that there are **multidisciplinary clinical governance structures in place to enable the oversight of all birth settings**. These structures should include, as a minimum, midwifery (including a supervisor of midwives), obstetric, anaesthetic and neonatal expertise, and **adequately supported user representation**. [2014] NICE CG190 Intrapartum Care*

## Right

“You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes, in the way those services are provided, and in decisions to be made affecting the operation of those services.”

(Section 3a of the NHS Constitution)

### What this right means

You have the right to have your say in person or through a representative;

- in the planning of healthcare services commissioned by NHS England and CCGs;
- on the proposals for any changes in the way in which those services are provided; and
- on decisions which may affect the operation of those services.

This right applies if implementation of a proposal or decision would have an impact on;

- the manner in which services are delivered to you or other people; or
- the range of health services available to you or other people.

### Source of the right

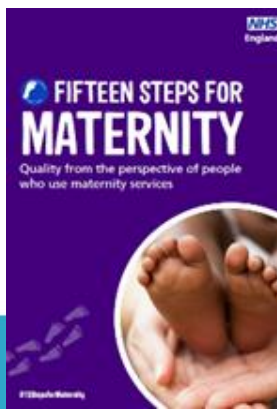
The legislation governing the NHS imposes duties on NHS bodies to make arrangements with a view to securing such public involvement in relation to the services for which they are responsible (section 13Q, 14Z2 and 24Z of the NHS Act 2006).

Service User Voice = unless we hear the voices of people who use maternity services, we have a piece of the puzzle missing, and we must listen well to the voices we don't easily hear.



Hearing the perspectives of those having babies and their supporters is critical to the NHS providing care which **enhances** the experience of pregnancy, birth and the postnatal period.

Slide courtesy of **Lisa Ramsey, Service User Voice Policy Manager, Maternity Transformation, NHS England**  
(Google [@Doula\\_Lisa](#) to see lots of NHS MVP news)



‘Whilst *Better Births* described the vision, this resource pack sets out in detail what needs to be done and how it can be accomplished across the whole of England.’ p.3

## Implementing *Better Births*

A resource pack for  
Local Maternity Systems

NHS

Five Year Forward View

March 2017

Publication Gateway Ref No. 10048

‘In the maternity context, the best way of instituting co-production is through a Maternity Voices Partnership’  
Chapter 4, resource pack

‘Local Maternity Systems will need to ensure all women in their area (and their partners and families) are able to participate in a Maternity Voices Partnership either by giving feedback or by becoming service user members of a partnership.’

Chapter 4 Co-production with women and their families, p.16



Photo London MVP day 2018 Laura James

# What is an NHS Maternity Voices Partnership (MVP)?

A service-user led team - women & families who use maternity services, midwives, doctors and commissioners, working together collaboratively, as equal group members, to co-review, co-design & co-produce local maternity services.



'In the maternity context, the best way of instituting co-production is through a Maternity Voices Partnership'  
Chapter 4, resource pack



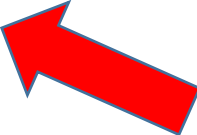
The expectation....'Implementing *Better Births*'

## Annex A – Assurance of Local Maternity Systems

- b. Have appropriate governance structures been set up for the Local Maternity System? Full governance structures include a board, a named lead of suitable seniority and with adequate capacity, a mechanism for service user co-production, and a project management function.



NHS Maternity Voices Partnerships are local NHS bodies, integrated into NHS governance arrangements



Now 6 regional NHS Maternity Board Lay Members whose roles include supporting MVPs - & Service User Reps serve on national NHS Maternity Transformation workstreams too



 **Further sources of information**  
 **National Maternity Voices**



<http://nationalmaternityvoices.org.uk/toolkit-for-mvps/setting-up-an-mvp/>

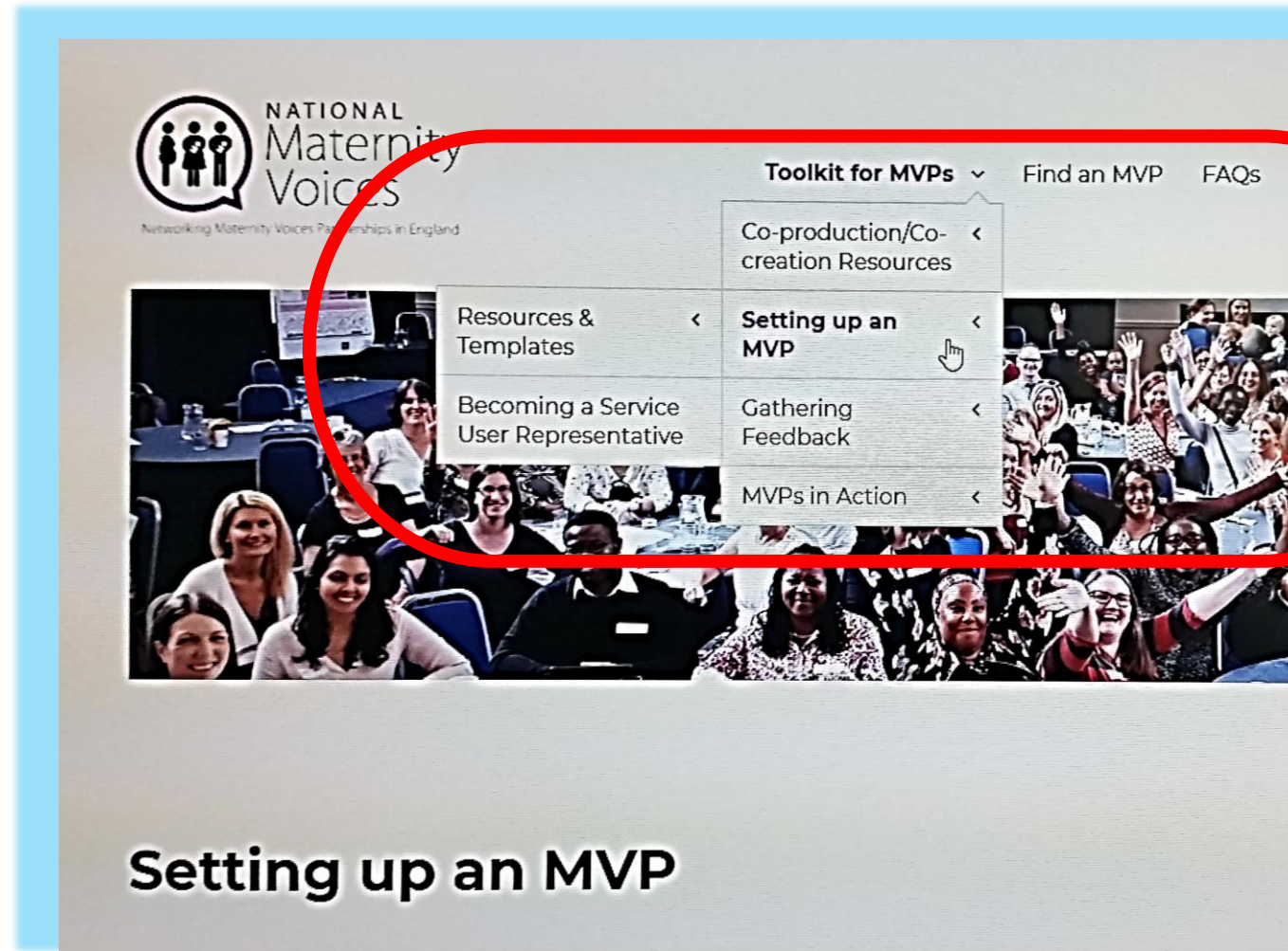
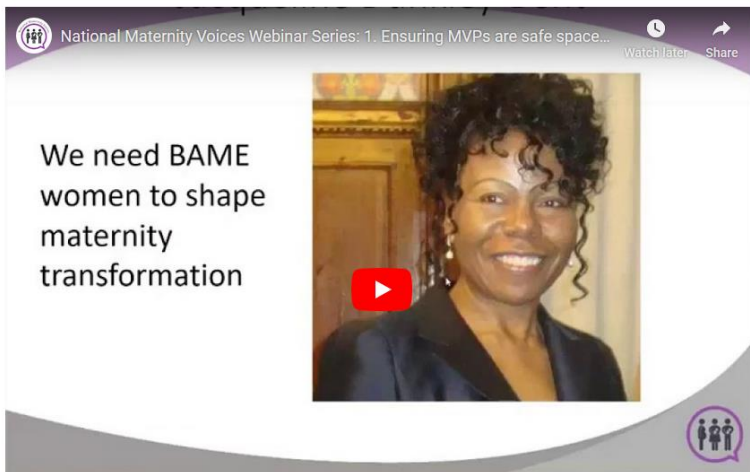


@NatMatVoicesorg  
#MatVoices



National  
Maternity Voices

## NMV Webinar Series



# a local **NHS Maternity Voices Partnership**

*'Forensic in the pursuit of continuous quality improvement with a particular focus on closing inequality gaps'* (ToR 4.5)

## Values & approach

### (NHS England-commissioned model Terms of Reference)

- Integrated into **local NHS governance** structure (cf NICE CG190 1.1.7 & Morecambe Bay Report rec 13)
- **Service user-led** & ideally 1/3 service user reps (parents/charity reps)
- And uses **participatory co-design/co-production**
- So **local** (town, district, city), not Local Maternity System-level (usually)
- Uses **experience data & insight as evidence**
- And committed to care based on **best-available research evidence**
- And to **respecting women's decisions & human rights**
- Members work to **Nolan Principles** – **INDEPENDENCE** of chair (analogous to NEDs) in a local public service role (for an NHS body)
- **Advises, monitors, acts**: reviews maternity dashboard; Chair comments on maternity service specification; service user reps do outreach; whole MVP looks at other feedback & anonymised complaints are reviewed; MVP leads on & advises on co-design – **grassroots & strategic**
- **Annual report by Chair to CCG Chair** (and sent to **Chairs** of local NHS Trust, LMS, Health & Wellbeing Board etc.)



## MVP model terms of reference: 2. Co-design & co-production



Catherine Williams 2019

### Brighton and Hove Maternity Voices Partnership – co monitoring service & co design

- **Changes in local guidelines** - Blood sugar levels - Were not aligned with NICE guidelines, through MVP input these were changed to align with NICE.
- **Helping to design and support pathway** for an award-winning perinatal mental health project.
- **Helped design and disseminate** Home Birth Promotion Poster (as no Midwife Led Units locally)

### Brighton and Hove Maternity Voices Partnership

2-3 'walk the patch' questionnaire collections across city throughout the year - Post natal ward, baby groups, specialist baby groups - to cover whole population. Common themes seen helping to shape services:

*'I couldn't do my job as well without the MVP - the breadth of maternity voices that it brings to commissioning and in addition engagement in clinical terms. Our services are truly reflective of a full range of views and voices'* **Kathy Felton Brighton and Hove CCG Commissioning Manager of Maternity & Paediatrics.**



There's no place like HOME.

Home birth for all low risk women is generally safe. However, new national guidance particularly recommends home birth if you have had one or more babies before and you and your baby are healthy. Research suggests that home birth reduces complications for you and is as safe as hospital for baby.



For more information see:  
[www.brightonandhovemslc.com](http://www.brightonandhovemslc.com)  
[www.mypregnancymatters.org](http://www.mypregnancymatters.org)

We have a dedicated home birth team in Brighton and Hove, speak to your midwife if you think home birth could be for you or attend Home birth matters

# Choice & information survey

**Purpose:** We are asking your views about how information is shared about choices in pregnancy (such as where to give birth) with women and their partners. We need to know the best way to share that information so it is quick, easy and clear for mums-to-be to see.

*We also asked:* where did you get information about your choices in pregnancy; what made you feel this was the best place to get information; questions about what information you need to make choices in a pregnancy, such as choosing where to have your baby (at home, in a birth centre or in a hospital) and which birth centre/maternity unit to use.

## Method:

- Online service user survey shared by MVPs, Trusts, partner organisations; Paper service user survey shared at antenatal clinics by midwives/staff
- Midwives online survey circulated by email – also anonymous

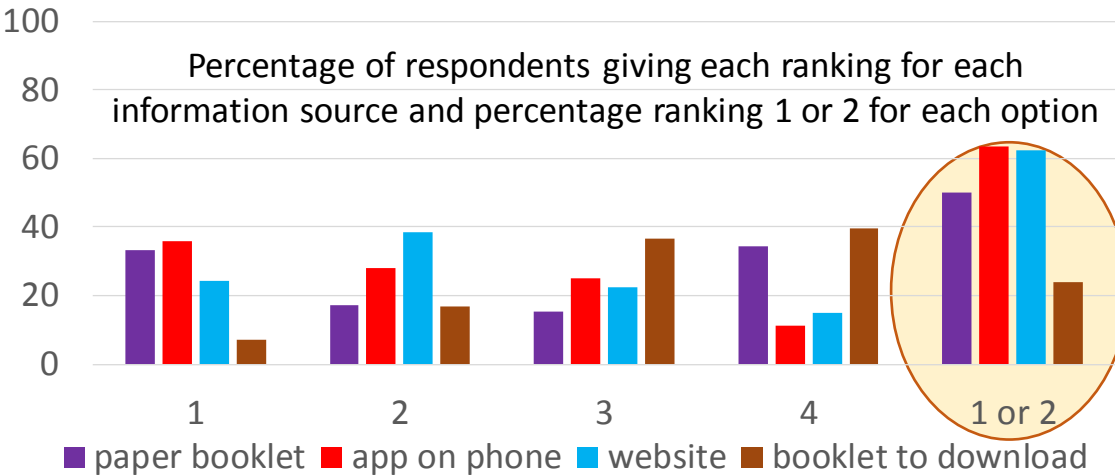
**Results:** 559 service user responses, 81 midwife responses; 72 postcode areas, all ages and ethnic groups reached

## Information sources:

- Midwives – many different used; internet usage varies; reading age relevant; others’ experiences valued more than stats
- Women – midwife; friends & family; websites; apps; maternity notes; social media; leaflets; books; online chat forums
- What would help? – more appointments; more time with midwife (36% women, 39% midwives); better internet/website

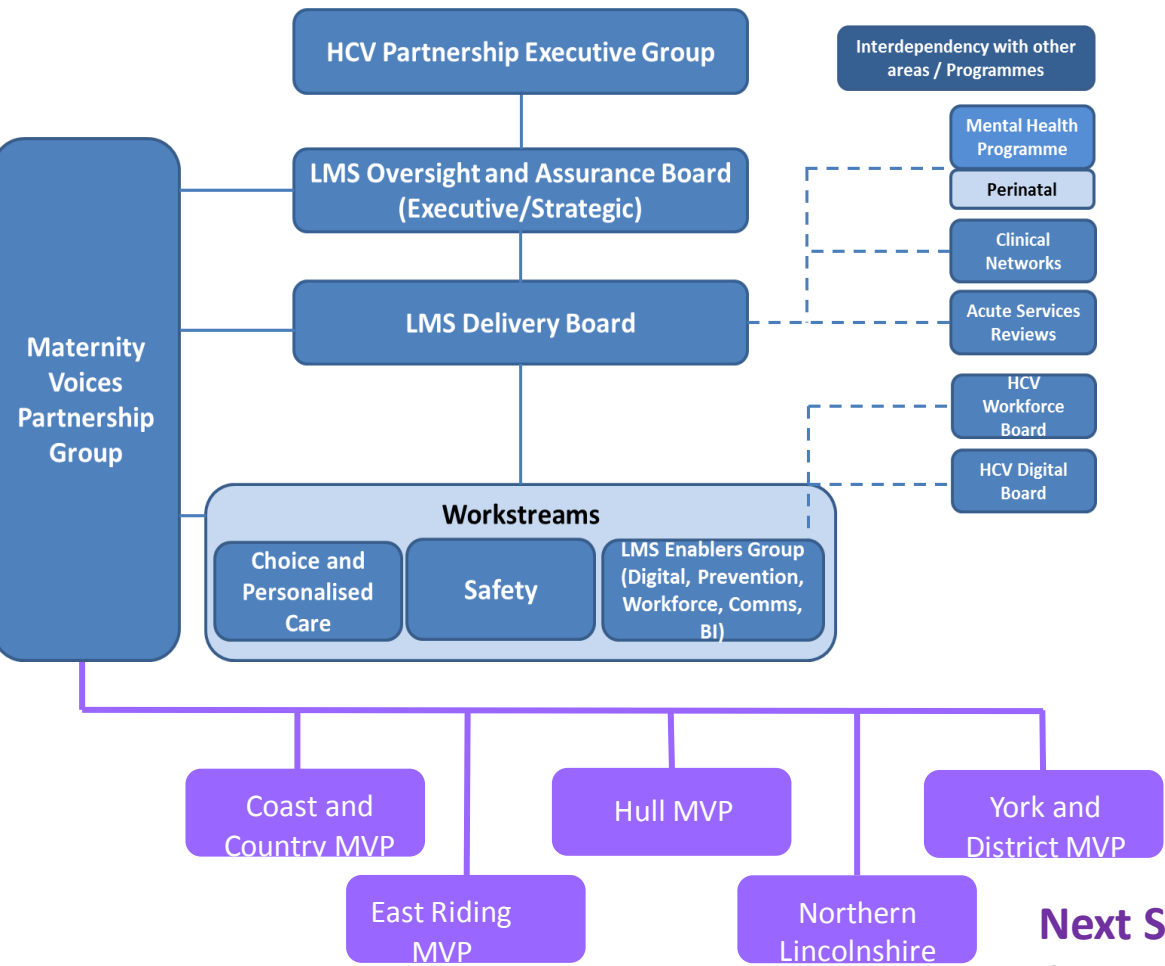


## Information for choices – how and what?

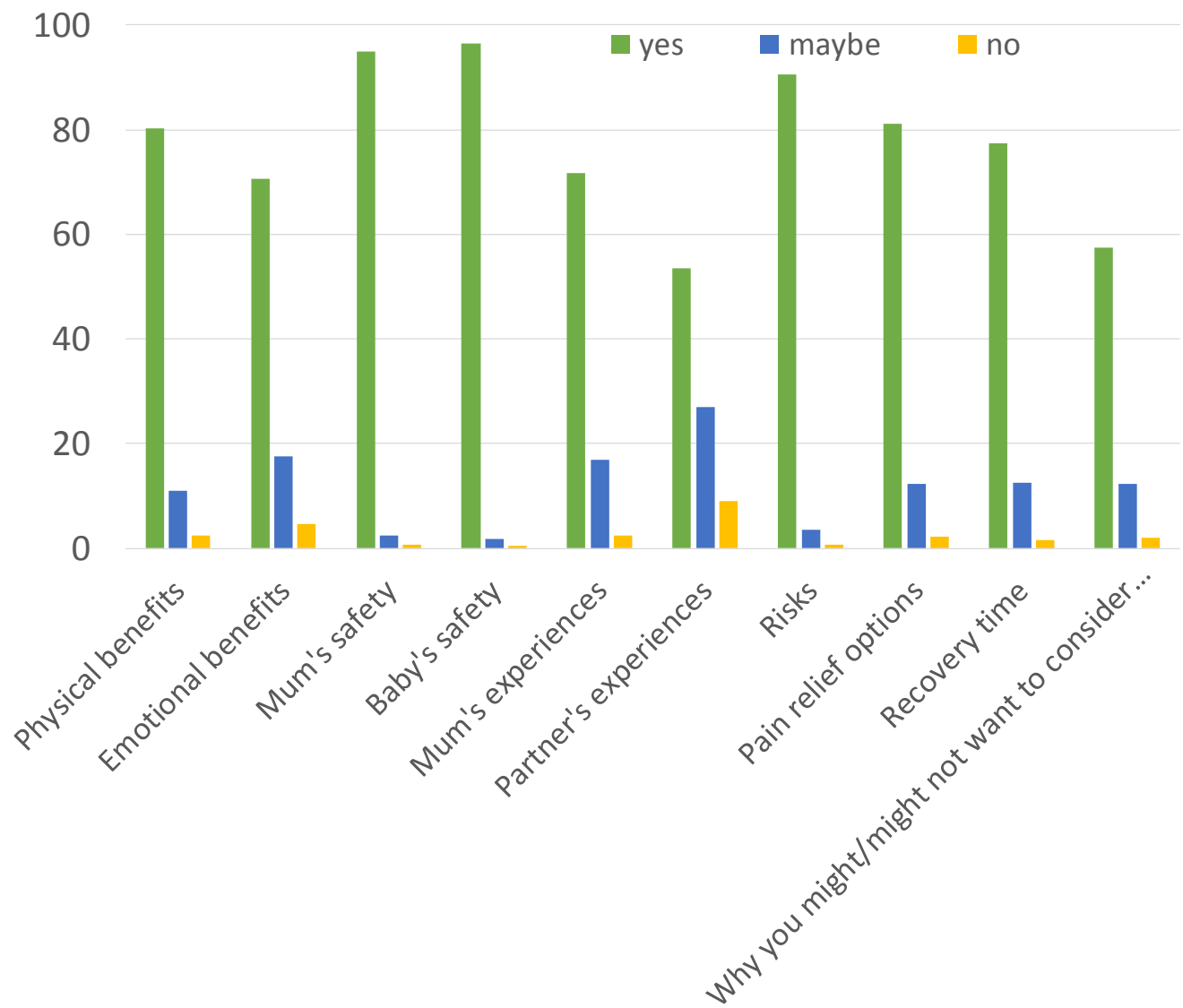


Information	% service users	% staff
Location	79.9	95.8
Mum's experiences of care	66.7	84.5
Can partners stay	59.8	85.9
Specialist baby care	56.5	50.7
Support services during pregnancy	55.5	62.0
Travel and Parking	50.7	80.3

### Who benefits from this information?



### Analysis: Information wanted to choose birth options (home/mlu/obs)



### Next Steps:

Co-produce website content; include information requested; investigate apps; ensure printable format; more time with midwives - how? CoC?

# a local **NHS Maternity Voices Partnership**

*‘Forensic in the pursuit of continuous quality improvement with a particular focus on closing inequality gaps’ (ToR 4.5)*

- **EQUALITY** for the service user voice in co-monitoring & co-design
- **VALUES-BASED (Nolan & ♥ Evidence)** clear framework matched to *Better Births*
- **INDEPENDENCE** constructive challenge, as well as praise
- **SUSTAINABILITY**
  - Values-based leadership
  - Volunteer development & succession planning
  - Developing health professional members as confident advocates of involvement & co-design
  - flexible & adaptable model (many ways to ‘do NHS MVP work’)

**Women & families involved within the NHS – a way to fulfil the promise of NHS Constitution (maternity professionals showing commitment is key)**



## Right

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(Section 3a of the NHS Constitution)



**THE NHS**  
CONSTITUTION  
the NHS belongs to us all



Thank you for listening!  
More information at  
[www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk)  
Additional info on following slides in pack



How do you see the everyone in your area working together through NHS Maternity Voices Partnerships - with MVP Chairs serving at LMS level too - to ensure that the voices of maternity service users continue to be heard and used to develop maternity care under *Better Births* & the NHS Long Term Plan?



Five Year Forward View

#futureNHS

Slide courtesy  
of Lisa Ramsey,  
NHS England  
(adapted)



## ADDITIONAL INFORMATION after this slide





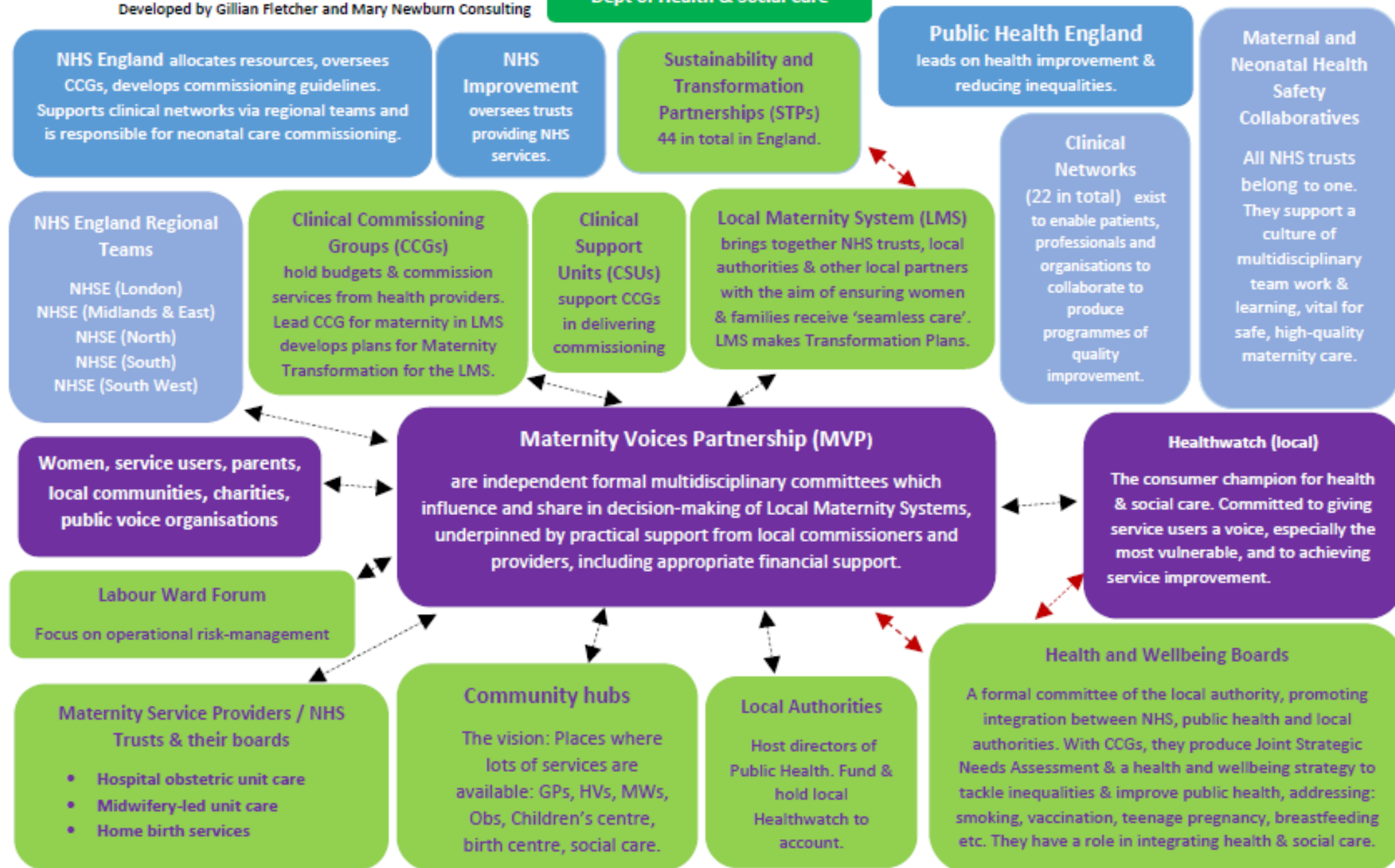
Images courtesy of Lisa  
Ramsey, NHS England

# Maternity Voices Partnerships (MVPs) and the healthcare system in England

Developed by Gillian Fletcher and Mary Newburn Consulting

Dept of Health & Social Care

Key  direct link with MVP  
 indirect link with MVP



# NHS Maternity Voices Partnership

# model Terms of Reference (6 pages plus Guidance)

<http://nationalmaternityvoices.org.uk/toolkit-for-mvps/setting-up-an-mvp/>



## ToR Includes Guidance on maintaining independence for NHS MVPs

