



We support all maternity service users to navigate the system as it exists, and campaign for a system which truly meets the needs of all

AIMS Campaigns Team  
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25 October 2022

Therese Coffey  
Secretary of State for Health and Social Care, and Deputy Prime Minister

Dear Therese

**New models of care for improved health services: a focus on maternity**

AIMS (Association for Improvements in the Maternity Services) welcomes you and your ministerial team at the Department for Health and Social Care. You will be keenly aware that Maternity services are desperately in need of improvement.

In that context, we were pleased to see you commencing your role with a clear commitment to work for patients. Whilst maternity service users are not always patients in the usual sense - many of them are very healthy individuals and remain so throughout their maternity journey - they do typically seek to access health service support.

We were also pleased to hear you talk about the need for new models of care. Maternity has been struggling for decades to implement new models of care.

In maternity, there is a new model of care that has long been understood as essential for the delivery of safe, respectful, high quality and human rights respecting maternity services, but which remains to be fully implemented. It is a model of care that gives every pregnant woman the assurance of having a 'key account holder' working alongside her as she navigates the sometimes tricky territory of her maternity journey and the maternity services. This relational model of care has come to be known as Continuity of Carer, and was the most sought-after improvement demanded by respondents to the National Maternity Review, published in 2016 under the name of Better Births. This review team thus recommended that **every woman should have a single midwife to take responsibility for her care throughout her maternity journey, backed up by the support of a multi-professional team.**

Over the last six and a half years, many individuals and teams, across the whole of the country as well as at national level, have worked tirelessly to make that policy a reality for all pregnant women. But they have faced too many barriers to progress. The severe staffing crisis that has arisen in the wake of the Covid pandemic has led some to call for the implementation of Continuity of Carer schemes to be halted until staffing issues are resolved. Whilst the staffing crisis surely undermines the system's capacity for transformative change, it is important to recognise that resistance to this agenda was strong before Covid hit.

**Association for Improvements in the Maternity Services**  
Registered Charity No. 1157845

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It is time that local Trust Boards and CEOs recognised Continuity of Carer as an essential component of local maternity service improvement, and recognise that it is in their interests to commit to implementing it as local capacity allows, whatever national targets are in place. They will not achieve safe maternity services without it. We ask you to share with us your strategy to ensure that they do just this.

From witnessing implementation efforts since the publication of Better Births, we would further suggest that a well-resourced NHS England team will play a key supportive role in this ongoing work, in particular by (a) ensuring that any structural barriers at the national level (over which they have influence) are reviewed and dismantled, and (b) by their provision of inspirational professional leadership, both at the national and regional level.

Whilst Continuity of Carer is a model of care that will benefit every family, we would also like to note that we fully support the strategy that the rollout should be prioritised for the most deprived and vulnerable communities, communities where the worst maternity-related outcomes are currently experienced. We welcome the partnership work between NHS England and local maternity systems and Trusts to achieve this. But we must plan to go further. AIMS looks forward to a time when we no longer talk much about a continuity of carer model of care, because this will be the standard model of care offered to all women and families.

We therefore look forward to continued Government support for this key maternity policy. It represents a huge shift in the way that maternity services are delivered, but not a significant change in resources beyond a transitional period. It represents a patient focussed strategy and is essential for high quality maternity services. It must be delivered as soon as possible.

Jo Dagustun

On behalf of the AIMS Campaigns Team

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