AIMS

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

Why does the NHS make it so difficult for organisations to partner with it successfully, and how can this be changed?

A statement from AIMS to the independent investigation into the issues and sequence of events which led to the cessation of community maternity services provided by One to One Midwives

October 2020

1. AIMS is pleased to be offering a statement to the NHS-commissioned 'Independent Investigation into the issues and sequence of events which led to the cessation of community maternity services provided by One to One Midwives'.

2. We look forward to reading the investigation report in due course, participating in the related action planning event, and scrutinising the implementation of its recommendations, alongside our colleagues on England's Maternity Transformation Programme's Stakeholder Council. If conducted well, we believe that this investigation and its resultant recommendations will be an important input into the ongoing work of the Stakeholder Council. It should help the Council promote further understanding about how women and families can be better served by an improved NHS, in which the innovative role played by social entrepreneurs is truly valued, supported and cherished. Too often, at present, these seem to be treated as an annoyance to the status quo (a status quo that AIMS knows - because we hear about it daily on our helpline - is currently failing far too many families) and/or as a threat to the public service status of the NHS. For progress to be made, AIMS believes that these attitudes must change.

3. To achieve this, the investigation will need to propose solutions to the major problems that so many of us witnessed being encountered by One to One Midwives. Firstly, the fickle and unfavourable financial and bureaucratic environment in which it was forced to operate. The financial framework was clearly incapable of adapting appropriately and fairly to a new and relatively small player in the market, that, importantly, did not resemble existing players. AIMS fears that, without significant change, this framework will continue to hinder the interests of the women and families who wish to choose maternity services offered, via the NHS, by innovative providers. Secondly, we observed a

lack of collaborative multi-disciplinary working and on occasion downright hostility to One to One Midwives from midwives and doctors within the NHS. This may have in part been motivated by the One to One midwives' willingness to advocate for their clients' right to make their own decisions about their care, in a way which AIMS has observed is often lacking within the NHS, despite this being a fundamental tenet of health policy (NHS England, 2017). We are only sorry that the broader stakeholder community was unable to more effectively focus attention on these issues whilst there was still a chance of sustaining One to One Midwives and others like it. We need to learn lessons about how we, collectively and individually, can better do this going forwards. We hope that this investigation will help us to do so.

4. AIMS very much welcomes this systematic review. It is the wider NHS, rather than One to One Midwives, that we consider under investigation here. Despite their determination and perseverance, we are sorry to reflect that the demise of One to One Midwives was perhaps inevitable in the current hostile environment in which it found itself operating, aiming as it was to partner with the NHS. As former Chief Executive of the NHS, Nigel Crisp (2020), notes, in the context of observing how it is made "so difficult for organisations from outside to partner with it successfully" (Crisp 2020, p205), "[t]he Government … needs to change the way it works, moving away from a central planning and *one size fits all* mentality to identifying and working with local entrepreneurs, the health creators and others who are making improvements in their areas" (ibid p235).

5. For AIMS, the closure of One to One in July 2019 was a hugely disappointing change in the landscape of maternity provision in England, at a policy level as well as in terms of what it meant for service-user choice in the areas served by One to One. AIMS was, however, sadly well aware of the ongoing obstacles encountered by social entrepreneurs such as One to One midwives, social entrepreneurs who seek to establish new models of maternity care within or in partnership with the NHS. In making this statement, we wish to pay tribute to the many social entrepreneurs who have attempted to do so, despite the huge barriers, including those responsible for One to One Midwives, but also those involved in the setting up of other innovative models, including Neighbourhood Midwives and the Albany Midwifery Group Practice before this, as well as independent midwives who seek to work to deliver high-quality and woman-centred services in partnership with the NHS.

6. Regarding One to One specifically, we wish to recognise the excellent social entrepreneurial efforts of their founder, Joanne Parkington, and the dedication of all of the midwives and other staff who joined her in designing, supporting and delivering services, including Maureen Collins, Jeanette Jones, Marion Bolton, Katie Goddard, Skye Rolfe, Rebecca Anubla, Rachel Ward, Jennie Morrison and Bev Jervis among others. Together, this group of skilled, passionate and dedicated women, under the banner of One to One, sought to breathe life into the radical transformation agenda set out in Better Births (NHS England, 2016), and we are deeply saddened to witness how our maternity system, and the NHS more generally, is so often unable to support and harness such positive energy and intent for the benefit of all women and families. As an authentic, passionate and motivated leader, Joanne Parkington sought to create a space for midwives to 'work to their potential and be creative' (Crisp, p208): AIMS believes that this reaped benefits in terms of the service that her team were able to offer to women, and witnessed (see below) how her staff were able to engage with their NHS provider colleagues and other stakeholders, reminding us, by example, of 'the real substance' of midwifery care.

7. This investigation into the demise of One to One Midwives is also an opportunity to examine the ability of the NHS to fulfill the Government's policy ambitions for improved maternity services. Highly relevant in this context, we offer the investigation team a reminder of the Better Births vision (NHS England, 2016), which remains the overriding policy objective for the ongoing transformation of maternity services across England. It is our firm belief that One to One Midwives not only sought to fully implement this vision (as far as they were able as part of the wider maternity services in which they operated) but that they were also eventually thwarted from doing so by the unwillingness of other parts of the maternity system to also adopt this vision, especially where cross-boundary working is concerned but also evidenced in the poor effort that some Trusts have shown towards embracing and planning the authentic implementation of the Continuity of Carer policy. This is the Better Births Vision (ibid, p8):

   > "Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances. And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries."

8. One to One's commitment to the first - customer-facing - part of the Better Births vision statement is perhaps most well-known, given the obvious alignment of One to One's operating model with a desire to offer a high-quality relational model of midwifery care (Continuity of Carer) and to develop community hubs. This offered the key benefits of safety and personalisation, while ensuring that women received the information and support they needed in a highly accessible way. It is our judgement that One to One sought to implement the policy of Continuity of Carer in a careful, honest and robust manner, fully in line with the UK government's policy intention. This compares extremely favourably to the frequent examples that AIMS encounters where NHS Trusts seem to approach this policy implementation task as an unwelcome and bothersome box-ticking exercise, with little regard to the spirit of the policy and to the wellbeing of staff. This latter behaviour must change, and One to One Midwives provided essential learning in this context:

   > "We know that for many Trusts moving to a continuity of carer model represents a significant challenge in terms of both cultural and organisational change, which understandably can cause anxiety. The benefit of initiatives such as One to One Midwives and Neighbourhood Midwives was in demonstrating effective models of continuity which worked for both maternity service users and midwives. A concern is often expressed that case-loading would lead to midwives becoming over-stretched and suffering burn-out, but from my conversations with midwives from both organisations this was not a problem that they encountered. Although it could be challenging at times, the midwives all seemed to enjoy this way of working and felt well-supported to do it." (AIMS Trustee)

9. But, as already alluded to, AIMS also detected a firm commitment on the part of One to One management and staff to the second part of this vision. One to One Midwives promoted leadership and innovation in a fundamental sense. It valued continuous learning. Regarding the part that their staff played in the wider maternity system, this is perhaps best exemplified by the following text provided by an AIMS Volunteer:

"My personal experience of One-to-One is that of regularly coming across their midwifery staff at maternity service improvement focussed meetings and conferences across England. Without a doubt, these were always some of the most engaged midwives at the table. With each intervention, these midwives demonstrated their passion for, and well-evidenced insights into, improved maternity services, across a whole range of issues, and their willingness not just to share their knowledge but also to learn from others. Their contributions were always impressive, displaying a real understanding of, and care for, 'what good looks like' for service users. I'd say that they were a shining example of what is now called, in domain 5 of the NMC's professional standards for midwives, 'promoting excellence: the midwife as colleague, scholar and leader'. Our maternity services will be all the poorer from losing this well-supported cadre of staff, who clearly flourished in their role as One to One midwives, exemplifying, as far as they could within the constraints of the contractual relationships in which they found themselves, the very essence of the Better Births vision." (AIMS Volunteer, Policy and Campaigns)

10. But however effective One to One Midwives was and aspired to be, AIMS frequently heard examples of how One to One operated in a hostile financial environment, and with a lack of collaboration from NHS providers and commissioners. It is these points that we believe need to be firmly addressed by this investigation. AIMS is hopeful that we can learn, as this investigation progresses, important lessons about how organisations such as One to One can be supported to work alongside the existing system. It is our perception that existing players are often unable or unwilling to work fairly and collaboratively alongside new service providers, seeing them as competitors rather than partners. Small and innovative providers should certainly be subject to the same high standards regarding quality and efficiency as existing services, and we ask nothing less. But they must also be enabled to develop a sustainable financial model and be welcomed by existing providers as partners in providing effective care to the local community.

"As MSLC Chair, I was looking for better models of care, and better maternity care outcomes, for local women and families. Over a period of 12 months, I invited a series of people to speak at the MSLC meeting and to meet community stakeholders. One to One Midwives were one of my invitees. I was impressed by their approach, and the robust business model behind it. And the maternity care outcomes they achieved were undeniable. I wanted that for [my local community]. And so, supported by local service users, I put forward plans, options and arguments for Continuity of Carer. And proposed that if the Trust could not do it, then they could commission a midwifery practice to deliver it for them. To cut a long story short, no one would listen. One to One looked at the legislation and policy, and reckoned that they could come to [the area] anyway, and if women chose to use them, they could invoice the Trust. Women loved it. They flocked to One to One in their hundreds, representing a full range of our local demographic. The best midwives in the district signed up to work for One to One. It was fabulous – positive outcomes were being achieved by us at last. But the CCG refused to pay, and they set out to eradicate One to One in [our area]. At a meeting it was promised that they would organise a continuity of carer model of care within 18 months, but not provided by One to One. So I found that I could not save One to One, despite putting my own health on the line to do so. Eighteen months later, the CCG had broken their promise to me and local women. One to One never got paid for any of the care they delivered. When I wrote to NHS England, they just shrugged and said there was

nothing they could do. I was even told not to write to them anymore. There were good insightful local leaders within the system at this time, but they were powerless too. My reflections? I don't say that One to One are perfect. But I know that the CCG and Trust let women down, over and over again, as did national leaders. This is what I would like to see investigated." (AIMS Member)

11. Moving forward, we suggest that the interests of service users - via the development of innovative and sustainable service offerings - might be best served by the implementation of a new set of arrangements. One option might be to create an 'innovation lab' which would encourage local providers and commissioners to work together collaboratively with new providers, and offer small providers an element of centralised national 'sponsorship'. The aim of this would be to support new providers to deliver high quality and cost effective services in line with Government policy, by protecting them against unfair financial dealings and non-collaborative ways of working. To be effective, each project should have oversight too from the relevant national policy leaders, in this case sitting within England's Maternity Transformation Programme Board.

12. We would like to end by putting on record our thanks to Joanne Parkington and her team. Joanne, in her steadfast desire to ensure that women and families receive the high quality midwifery care they deserve, and to which this Government aspires, sought to take on the system and challenge the traditional way of doing things. That she was eventually forced to concede defeat speaks not to 'a failure of One to One Midwives' but to a failure of the wider system. We must do better.

Endnote: Who is AIMS?

Since 1960, AIMS has been a leading advocate for improvements in UK maternity care. We have national and international links and a membership of midwives, health visitors, obstetricians and lay people. Collectively, our volunteers have decades of experience researching, advocating on and campaigning for improvements in UK maternity care. Importantly, we also support women directly to navigate the maternity system. We use our knowledge, influence and experience to instigate policy change at local and national level. We run an email and telephone helpline which has provided support to more than 400 service users so far in 2020. We also have a large network via our volunteers and members, who engage with mothers, health care providers and others on social media and at meetings. We provide information on our website and in a series of books. This information is produced to help women to make informed decisions about their care, and to challenge misinformation.

References

NHS England (2016) ***National Maternity Review: Better Births – Improving outcomes of maternity services in England – A Five Year Forward View for maternity care*** Available at: www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

NHS England (2017) **A-EQUIP a model of clinical midwifery supervision** Available at: www.england.nhs.uk/wp-content/uploads/2017/04/a-equip-midwifery-supervision-model.pdf

Crisp, Nigel (2020) ***Health is made at home, hospitals are for repairs: Building a healthy and health-creating society*** Salus Global Knowledge Exchange