AIMS For a better birth...

Better Births Basics #2: What's what and who's who?

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By the AIMS Campaign Team

- How is your local area doing with implementing Better Births?
- Are you in contact with your local MVP to ensure that implementation is going to plan? Do you even know who they are/how to make contact with them?
- Do you know which Local Maternity System you are a part of?
- Have you seen (and had a chance to comment on) your Local Maternity System's Better Births implementation plan?
- If you have a concern about the activity (or inactivity!) of your Local Maternity System, and want to take the matter further, who is your first point of call?

Better Births set a national ambition, an ambition that has been endorsed by NHS England. But, in the context of a devolved healthcare system in England, the responsibility for implementing Better Births rests fairly and squarely at the local level. So if - after reading the questions above - you feel like just turning the page at this point, please don't! In this short article, we'll give you the basic information about who's who and what's what to help YOU become an effective guardian of the Better Births vision in your local area.

Multiple levels of engagement: a brief user's guide

Starting at the top - or at the grassroots level - we have every **individual stakeholder** of the maternity services: that includes every birth activist reading the AIMS Journal, as well as the key players in all this, the woman, her family and supporters, and the staff that keep our maternity services running. This is actually the Local Maternity System: you are already a part of it, whether or not you have noticed!

Building on this grassroots level where a wealth of skill and expertise lies – NHS England is keen to ensure that every service-user across England should have access to **a local body that listens well to their ideas and concerns, and includes them in decision-making. This is typically a Maternity Voices Partnership** (an MVP). An MVP might cover the same area as your local CCG (Clinical Commissioning Group), as a group of CCG areas, or it might be organised around local provider sites (eg birth centres or hospitals providing maternity care): this varies across the country. Your local MVP might already be up and running, or it may be in the process of being set up. In any case, it is bound to need some more volunteer support from local birth activists. (Do note, however, that there is unlikely to be any

remuneration for this role, however top quality your efforts! Following the three-tiered Patient and Public Voice (PPV) Partners reimbursement policy in place across the NHS, for example, only the service-user chair – and perhaps co- or vice chair if there is one – is likely to be remunerated; other volunteers are paid expenses only.)

Every MVP will be part of **a Local Maternity System (LMS)**. These cover areas that are usually much bigger than the typical CCG area, and there are 44 of these across England. To keep things simple, they generally follow the same footprint as the 44 existing **Sustainability and Transformation Partnerships (STPs)**. These Local Maternity Systems are the brand new element of the local health service organisation. Recommended by Better Births, they seek to extend to maternity the benefits of a larger network to support individual commissioners and providers sustain and manage the transformation in services demanded. In terms of service-user input, every Maternity Voices Partnership should be invited to be part of the key decision-making body of their Local Maternity system (for example, by representing service users on the LMS Transformation Board): this is becoming a key site for maternity co-production, especially as CCGs think about combining their commissioning efforts. So if there isn't already a local Maternity Voices Partnership in your area, then you will have to make a special effort to get involved in what's going on at the LMS level; you may also want to work with others locally to encourage the establishment of an MVP.

Most Local Maternity Systems will then be a part of a larger **strategic clinical network (SCN)** although some, such as the Greater Manchester and Eastern Cheshire LMS, cover a whole SCN area. Across England, there are 12 strategic clinical networks. These provide a helpful oversight of each LMS, and thus can be a useful resource for activists with concerns, for example, about their local LMS.

The next layer comprises **the regional teams of NHS England**, and there are five of these:: the North, the Midlands and East, the London, the South East and the South West regional teams. If you are struggling to find the right contacts at a more local level, these teams might be able to help signpost you, and it is useful to note that some of them are becoming increasingly active in supporting service-user networking across their regions.

Finally, there is the layer of the **National Health Service England, and other national bodies**, where national leadership for the implementation of the national Maternity Transformation Programme resides. At this level, occasional reports on the overall programme to the NHS England board might be of particular interest to activists, as well as the activities of the Stakeholder Council, on which AIMS is represented by its chair of Trustees, Debbie Chippington Derrick.