

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

*This is a non-mandatory model template for local population. Commissioners may retain the structure below or may determine their own in accordance with the Contract Technical Guidance.*

<b>Service Specification No.</b>	XXX
<b>Service</b>	Maternity Peer support Project
<b>Commissioner Lead</b>	Coventry and Warwickshire ICB
<b>Provider Lead</b>	
<b>Period</b>	December 2023 – March 2025
<b>Date of Review</b>	XXX

#### 1. Population Needs

##### National/Local Context

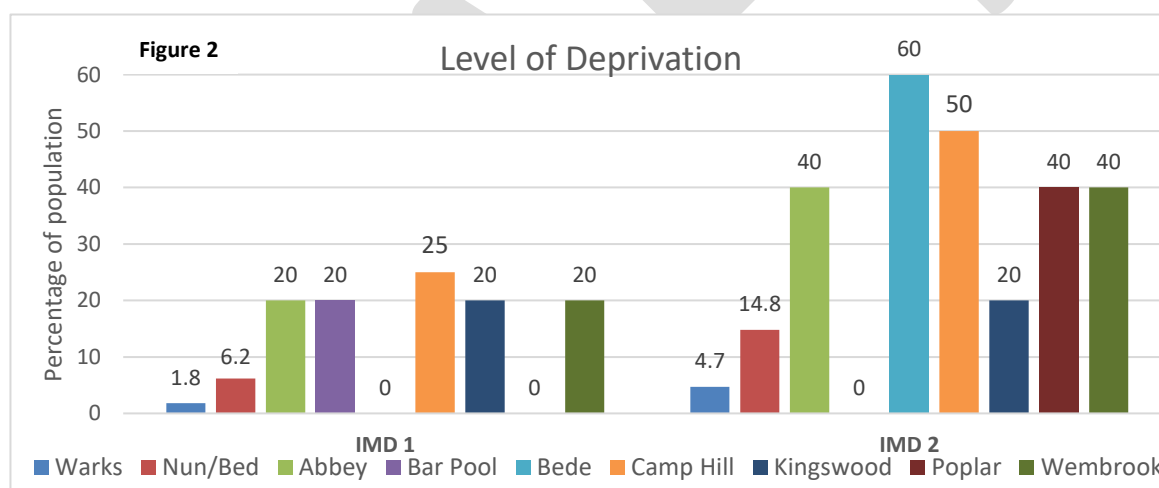
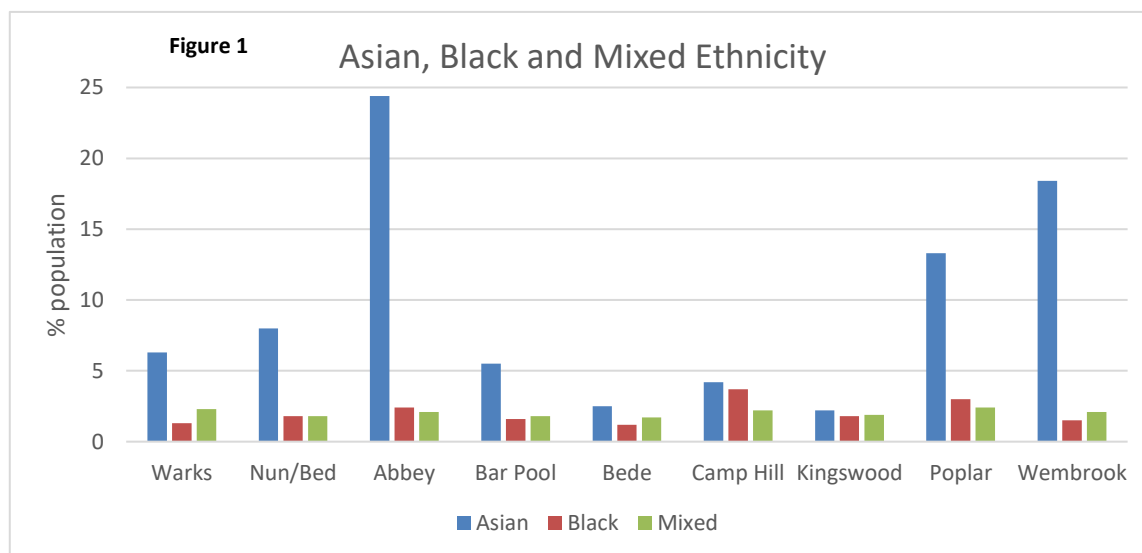
Evidence from MBRRACE-UK (most recently updated in 2022) reports that maternal and perinatal mortality shows the worst outcomes for Black, Asian, Mixed ethnicity backgrounds and other Minority Ethnic communities as well as those living in the most deprived areas.

At present a key aim for maternity and neonatal care within NHS England is to improve equity of service and access for mothers and babies Black, Asian, other Minority Ethnic communities and those living in the most deprived areas. This is underpinned by the CORE20+5 framework in which maternity is one of the named key clinical areas, with specific focus on improving continuity of carer (CoC) and early access (EA) particularly Black and Asian women, and women living within the most deprived post codes.

The Coventry and Warwickshire Local Maternity and Neonatal System (CWLMNS) Equity and Equality (E&E) plan 2022-25 sets out aims to reduce maternal health inequalities, aligned with Coventry and Warwickshire ICB aims and NHSE guidance to support equity and equality in maternity systems. Introducing specialist services with defined target populations to support EA and CoC aligns with the LMNS (E&E) plan, specifically priorities:

- *4b: Ensure equity of access, experience, and health outcomes for women from Black, Asian, other Minority Ethnic groups those from most deprived areas, and*
- *4e: LMNS to create the conditions to help achieve equity by considering the factors that will support high quality clinical care and working with system partners and the VCSE sector to address the social determinants of health.*

This should be achieved by rolling out geographically based teams available to all women, in places where the highest number of Black, Asian, and deprived women live, and in the most deprived postcodes. Nuneaton and Bedworth have a larger population of Black, Asian, and Mixed ethnicity backgrounds groups in Warwickshire compared to other districts and boroughs in the county and contains 12 of the 14 IMD 1 and 2 LSOAs in Warwickshire.



Local intelligence indicates that do not attend (DNA) rates and late bookings are higher at George Eliot Hospital (GEH) in Nuneaton than at Warwick Hospital. Accessibility and transport were identified as a key issue for women and families accessing maternity services at GEH in a recent Poverty Proofing report commissioned by WCC.

Early Access to maternity services across these populations have the potential to ensure women and their babies receive the best care both in the critical early stages of pregnancy and infancy but also to strengthen and develop the relationships between families, their local maternity services, and other third sector support services at the earliest possible opportunity.

## 2. Outcomes

### 2.1 NHS Outcomes domains frameworks and indicators

Domain 1	Preventing people from dying prematurely	•
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill health or following injury	
Domain 4	Ensuring people have a positive experience of care	•
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	•

## 2.2 Local Defined Outcomes

- Booking at <70 days gestation
- Proportion of women with complex social factors who attend booking by 10 weeks, 12+6 weeks, and 20 weeks
- For each complex social factor grouping, the number of women who:
  - attend for booking by 10, 12+6 and 20 weeks;
  - and attend the recommended number of antenatal appointments
- % Of women attending the booking appointment who are from ethnic minority groups
- Reduced DNA rates for antenatal and scan appointments at GEH
- Reduced DNA rates for antenatal and scan appointments for women booked with the complex needs maternity team at UHCW.

## 3. Scope

### 3.1 Aims and objectives of service

The key aims of the service are to:

- Use a Peer Support model of support using volunteers and use a listening-based approach to support service users in meeting their goals and enabling Early Access to maternity services and post-natal services
- Reduce negative maternal and infant health outcomes in Nuneaton & Bedworth.
- Improved offer for pregnant women in the community without adding to midwifery workload.
- Improved access to culturally sensitive maternity continuity of care to meet the needs of the local population.
- Improved user experience and public confidence of maternity and neonatal services.
- Strengths based, community assets approach.

- Implement a blended offer of support, including 1:1, face-to-face and virtual
- Adopt a co-production approach to service delivery to undertaken continuous service development to ensure that support is tailored to the needs of local mums and families

### **3.2 Scope and Key Deliverables**

The service will provide a range of holistic Peer Support mechanisms to support pregnant, new mothers/birthing people and their partners, including online/virtual and in-person, 1:1 and group-based support, both as standalone/dedicated peer support groups and embedded within wider community provision/sessions. Desired outcomes would be improved pregnancy outcomes, mental health, personal confidence, socialisation, and networking opportunities.

- The provider will be responsible for the co-ordination and management of a peer support maternity continuity of carer model for eligible women in Nuneaton and Bedworth
- To provide a blend of face-to-face and virtual support to service users
- Operate a referral process for bespoke 1:1 support accessible by self-referral and by professionals with consent
- Provision of peer-to-peer support opportunities - this can include face-to-face and virtual
- Embed Peer Supporters/Volunteers across universal early parenting provision e.g., Child & Family Centre/Family Hubs settings, community-based parent groups, visibility at local community events
- Engagement with key stakeholders and system partners, including Child & Family Centres/Family Hubs, maternity, and neonatal services and VCSE partners
- The provider will produce an end of project evaluation report which will submitted to commissioners and details the outputs, outcomes, and impact of the project with recommendations for any future needs related to the project
- The Provider will comply with Local and National Data Protection and Information Governance requirements.
- The Provider will not share any personal identifiable information with the Commissioner.
- Support women and their families up to 12 weeks postpartum, continued support after 12 weeks will be based on the individual needs and circumstances of the woman and her family.

### **3.2 Service description/care pathway**

One or more organisations could coordinate the services aimed to improve MCoC and EA for Black and Asian women and economically deprived families in Nuneaton and Bedworth. Depending on the experience, skills and knowledge of a provider, the pathway could be split into two: peer support pathway for specifically Black and Asian women and a peer support pathway for those living within the most deprived postcodes.

The pilot will utilise ring-fenced funding to support eligible women with access to maternity and post-natal services, and link into the local pilot for transport services. Maternity providers should identify women from these areas using the postcode recorded at booking.

Women need to know what maternity services exist, where to find them, and available at a time to suit personal commitments. They need to be within easy reach, accessible, culturally sensitive and regarded as beneficial from the woman's perspective. The provider must communicate with women eligible for the service in a culturally appropriate way to assess and meet their ongoing support needs. The service should be personalised, and choice focused with a range of options to meet the needs of individuals and signpost them to appropriate services.

Peer support is a critical part of the maternity landscape with a role to play in providing information, advice, and empowering people to seek help. The provider shall use appropriate marketing to women from different backgrounds and all provider-produced information must be developed in collaboration with users, and available in languages to best serve the local population.

The service will require partnership working with maternity and other health services, CWLMNS, social services and other third sector organisations, including the transport provider. The service provider shall support access to inclusive services to meet the need of the local population, with targeted services for:

- All pregnant women living in areas with large IMD 1 and 2 population (including White British ethnicity)
- All pregnant women from Black, Asian, and mixed Ethnicity backgrounds
- Interpreting and advocacy services based on the needs of the local population.

Contract management will be led by the CWLMNS/ Coventry and Warwickshire ICB. Contract review reports will be reviewed as part of the LMNS programme sponsored by the commissioning lead.

### **Referral Criteria**

Referrals can come from a Health Care Professional, social services or individuals can self-refer. The provider must collaborate with GEH and community providers to identify and outreach to women eligible for this service.

Eligibility criteria should include:

- A woman from a Black, Asian or Mixed Ethnicity heritage background
- Women living in Nuneaton and Bedworth particularly within the most deprived (IMD 1 and 2) LSOAs, including White British ethnicity (Camp Hill, Abbey, Bede, Bar Pool, Kingswood, Popular and Wembrook)

### **General requirements**

The provider must communicate with women eligible for the service in a culturally appropriate way and meet their individual needs. Peer supporters should represent the diverse communities they serve and have links into the community / wider support groups.

The provider shall ensure women have access to timely and appropriate information, in a range of community languages and formats which are targeted to the needs and literacy of

the local population; this should also include a digital offer. Interpreter services shall be available to all women who are not fluent in English, or who may require signing.

**Workforce requirements:**

- Appropriate DBS checks for all staff and volunteers working on this service
- Appropriate training for all staff and volunteers, including making every contact count (MECC), mentoring and advocacy and safeguarding
- Supervision of all staff and volunteers
- Ability to support women whose first language is not English.

**Service management**

The provider will promptly inform the commissioner of any unresolved problems relating to the provision of the Early Access/Maternity Continuity of Care service.

**Interdependence with other services/providers**

The service will maintain relationships and liaison with all maternal and infant services within Nuneaton and Bedworth to ensure care is not fragmented, primarily liaising with:

- Maternity Services
- Health Visitors/Family Nurse Partnerships
- Social Services
- Family Hubs
- GP practices
- Voluntary and community sector providers
- Transport provider

The provider will provide clear, regular, and effective communication with all parties to ensure continuous handover of information, and support or feed into strategic planning of NHS maternity services where appropriate.

The provider will understand its position and minimise its own impact on the financial efficiency of both community and acute healthcare providers.

The provider will monitor stakeholder satisfaction for duration of the pilot.

The provider will follow the guidance contained in the NHS standard contract 2023/24<sup>1</sup> in relation to:

- Equity of Access, Equality and Non-Discrimination SC13
- Emergency Preparedness, resilience, and response SC30
- Safeguarding children and adults SC32
- Patient Safety SC33

The provider will attend monthly service review meetings.

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<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2023/04/06-nhs-standard-contract-sf-scs-2324.pdf>

<p>The provider will hold a documented complaints procedure including an escalation process and outcomes process, which will be subject to agreement of the commissioner.</p> <p>The provider will have a system to track the progress of complaints, and this will be reported monthly at the service review meetings.</p> <p>The provider will operate a feedback facility that clearly defines the action taken from the feedback received.</p> <p>The provider will be expected to produce quarterly reports to CWLMNS board.</p>	
<b>4. Applicable Service Standards</b>	
<b>4.1 Applicable national standards (e.g., NICE)</b>	<p>Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. Clinical guideline [CG110] Published: 22 September 2010</p>
<b>4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g., Royal Colleges)</b>	<p>Not applicable</p>
<b>4.3 Applicable local standards</b>	<p>Not applicable</p>
<b>5. Applicable quality requirements and CQUIN goals</b>	
<b>5.1 Applicable Quality Requirements (See Schedule 4A-C)</b>	<p>Not applicable</p>
<b>5.2 Applicable CQUIN goals (See Schedule 4D)</b>	<p>Not applicable</p>
<b>6. Location of Services</b>	
<p>The Provider will deliver services at various sites aligned to pregnant women within the target groups. These could include locations accessed by the target group, such as:</p> <ul style="list-style-type: none"> <li>• George Eliot Hospital</li> <li>• Community centres or groups</li> <li>• Family hubs</li> </ul> <p>Some women may require face to face or virtual support as indicated.</p>	
<b>7. Reporting Requirements</b>	
<b>7.1 Reporting Requirements</b>	<p>The provider will meet the reporting requirements as set out in the standard contract and Schedule 6. This will include the reporting of any new or ongoing complaints that the provider has received.</p>

The spreadsheet in Appendix A will be embedded in the contract and is expected to be completed in full on a quarterly basis. This can be updated to reflect the agreed KPIs

The provider will be required to develop and implement improvement plans in response to any findings which indicate improvements are required in access and outcomes for the pregnant women of Nuneaton and Bedworth.

The provider will:

1. Submit invoices with supporting backing data to correlate with activity.

The provider will collect and monitor activity data to drive both the strategic and delivery planning of the service.

Key performance indicators (KPIs) will be used to measure the success of the service against this specification, including:

- Referral to service by type or location
- Number of eligible women supported by the service, including demographic data
- Average length of time and type of support provided by service
- Signposting to ongoing services by type
- Customer experience data
- Mandatory training and staff DBS compliance
- Number and type of complaints
- Number and type of incidents

## **Appendix A**

Data Requirements – to be confirmed with provider