



Bath & North East Somerset, Swindon and Wiltshire

Maternity Voices Partnership Plus

Working in partnership to improve maternity services

Bath and North East Somerset, Swindon and Wiltshire (BSW) Maternity Voices Partnership Plus (MVPP)

September 2021 Terms of Reference

Overview

1. The Bath and North East Somerset, Swindon and Wiltshire Maternity Voices Partnership Plus (MVPP) is the independent, multi-disciplinary advisory and action forum of the Local Maternity System (LMNS), bringing together service users, commissioners, early years' service providers and public health.

2. A key function of the group is to ensure providers and commissioners take account of, and respond to, the views and experiences of women/birthing people and their families who use local maternity services. It influences the strategic direction of the maternal care pathway from conception to early parenthood across early year's services within the Integrated Care System (formerly known as Sustainable Transformation Partnership, STP) footprint.

3. It both uses a formal committee structure, with written agendas and minutes of discussions and decisions, and incorporates the principles and practice of participatory co-design and co-production through regular break-out sessions and small group work in order to ensure that the five principles of MVPP's are at the core of the commissioning, monitoring and continuous improvement of maternity services.

4. It is maintained by BSW Clinical Commissioning Group/ICS.

Five Principles

5. A Maternity Voices Partnership Plus creates and maintains a co-production forum for service users, service user advocates, commissioners, service providers and other strategic partners. Members and the collective forum operate on the following founding five principles:

- Work creatively, respectfully and collaboratively to co-produce solutions together.
- Work together as equals, promoting and valuing participation. Listen to, and seek out, the voices of women/birthing people, families and carers



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using maternity services, even when that voice is a whisper (Berwick Report, 2013). Enable people from diverse communities to have a voice.

- Use experience data and insight as evidence.
- Understand and work with the interdependency that exists between the experience of staff and positive outcomes for women/birthing people, families and carers.
- Forensic in the pursuit of continuous quality improvement with a particular focus on closing inequality gaps.

Aims and objectives

6. The MVPP serves the needs of local women, birthing people and families and the Local Maternity and Neonatal System, including all acute and community services and community hubs. It links with the clinical networks and regional teams, to contribute towards and follow regional strategic direction, and links with other MVP's within the region and nationally to share good practice and support each other.

7. The MVPP supports the CCG, LMNS, Trust and Local authority in their work to develop design, implement and improve services for families and allows those families to be involved at all stages of this work.

8. The MVPP will listen to and act upon women, birthing people, family and carer feedback and ensure it is heard at all levels. All members are committed to working in partnership and to implementing safe, personal and kind care. Working in partnership offers women and birthing people information, choice, and care based on best available evidence, always respecting their choices and human rights.

9. Its role includes:

- Co-producing the BSW LMNS Maternity Transformation Plan
- Guiding the implementation plan of elements of the local Maternity Transformation Plan (MTP), particularly those that require multi-agency involvement / the involvement of wider early year's partners and service user engagement.
- Providing a critical link between maternity services and partner agencies also involved in providing support to women/birthing people and their families during pregnancy and into early parenthood.
- Ensuring women/birthing people and their chosen support networks are partners in care and have a seamless experience throughout their journey from pregnancy to parenthood.
- Fostering a culture of collaboration between maternity services and partner organisations within the LMNS with practitioners working as a



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wider team supporting women/birthing people and families during pregnancy and early parenthood.

- Advising on and promoting, maternal health improvement to enable women/birthing people, their partners and families to optimise their physical and emotional health and wellbeing in preparation for pregnancy, birth and parenthood.
- Promoting early identification of need, information sharing and timely, seamless and coordinated support from early year's agencies.
- Maintaining an oversight of maternal and infant health needs across the Integrated Care System of BSW and ensuring the maternal care pathway is sensitive to the local population and geographical differences.

10. The MVPP supports service users and lay representatives to provide advice, scrutiny and critical friendship to LMNS, Trusts and local authorities, using their lived experience, knowledge and the voices they have collected from the local communities.

11. The MVPP will be consulted by the CCG/ICS commissioning maternity care on all aspects of maternity services representing the women/birthing people and family views and needs via the LMNS programme board.

12. The MVPP will receive relevant reports from and advise local providers on:

- development of their business plans relevant to maternity, neonatal and health visiting services
- any proposals for changing or developing services
- clinical governance, including clinical audit
- work of labour ward forum, where applicable
- number and nature of maternity service complaints and actions arising
- user surveys, complaints and local maternity statistics
- user involvement in the planning and monitoring of their maternity services
- infant feeding and early postnatal support

13. The Terms of reference for other groups that consult and receive advice from MVPP will acknowledge the role of the MVPP.

Values

14. The MVPP is committed to diversity, anti-racism and equal opportunities and upholds women and birthing people's human rights in pregnancy and childbirth.



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15. The MVPP is multi-disciplinary, so its members will bring with them different beliefs, values and experience. All these perspectives should be valued and respected, each member should have an equal opportunity to contribute to the MVPP discussion and decision making process. Care will be taken to ensure full participation. It is important to check that any terminology used is understood by all members of the group and clarified if necessary.

Membership and proceedings

16. The MVPP is a multidisciplinary by definition and the membership should be open to all stakeholders and interested parties. This should include service users, community representatives, voluntary sector workers, service providers including midwives, obstetricians and health visitors, students and commissioners.

17. The MVPP is a co-working and co-production forum where every member has an equal voice and opportunity to share their views.

18. Members of the MVPP should liaise with the groups or professions that they represent. This will include regular reporting on the activities of the MVPP to their group / colleagues and feedback to the MVPP.

19. Core membership includes:

- MVPP Lead
- LMNS Midwife
- MVPP Service User Volunteers
- Fathers/ partners groups
- Early years family support workers
- Public Health Lead/representative (one per Local Authority)
- Head of Midwifery (one per provider organisation)
- Midwife (one per provider organisation)
- Acute Trust Divisional Managers (one per meeting)
- Consultant paediatrician/neonatologist
- Commissioning Manager
- General Practitioner (one per meeting)
- Consultant Obstetrician(one per meeting)



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- Neonatologist / Neonatal Nurse
- Health Visiting Manager (one per area)
- Children's Centre / Early Year's Strategic Lead
- Health Watch representatives (one per area)
- GP Clinical Lead for Maternity

The aim is for at least 70% of MVPP volunteers to have used maternity services within the last 5 years.

20. Associate members are invited as appropriate and include:

- Service users (from across the three areas)
- Family Nurse Partnership Lead
- Specialist Leads for Vulnerabilities
- Strategic Leads for Safeguarding
- Local authority social care services
- Anaesthetist
- Antenatal and Newborn Screening Leads
- Maternity Business Management
- Board level maternity champions
- Board Level Non – executive director maternity champion
- Chaplaincy or bereavement services
- Neonatal Nursing
- Community third sector support e.g. SHINE, Bluebell, NCT
- Infant Feeding Leads
- Health education providers
- Obstetric physiotherapy
- Perinatal and infant mental health services
- Radiology / Sonography
- Substance misuse representative
- Clinical Governance manager
- User or community workers with specific expertise e.g., disability, seldom listened to groups

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22. All core members have voting rights. Associate members do not have voting rights.



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23. Out of pocket expenses will be payable to service user members.
24. The Lead may invite individuals on an ad hoc basis to a meeting for particular items on the agenda.
25. Meetings will be held not less than four times a year.
26. A quorum shall be a minimum of six core MVPP members, including deputies and must include user representation.
27. The CCG/ICS will pay an allowance to the MVPP Lead/ Deputy Leads and all members of the MVPP whose attendance is not covered by their employment salary. The Chairs remuneration reflects the skills, experience and significant time required for this role.
28. The MVPP Lead is the chair of the BSW LMNS Maternity Voices Partnership Group.
29. The chair of the committee will be the MVPP Lead with a fixed term of up to four years. The start and expected finish date shall be minuted. The Chair should be independent of those directly responsible for commissioning or providing services and normally be a user member. If there is no user member willing to take on the role of chair, the commissioning CCG, in consultation with the committee, will consider who would have an informed; user focused perspective and be able to take on the role. The Chair should not normally be a practising or recently practising member of a profession directly concerned with providing maternity services, or employed by a trust with whom the commissioning CCG has a contract. Service user involvement and active participation in recruitment of the MVPP Lead is essential.
30. Where the Chair is not a user member, a user member should be encouraged to take the role of Vice-chair for a fixed term of up to 3 years. Sharing the chairing role as a job-share or 'chair team' is another way to ensure central service user involvement. The Vice-chair provides essential support the committee Chair.
31. In the rare absence of both the Chair and Vice-chair, members shall elect one person to take the chair for the duration of the meeting.
32. The Chair will be supported by a small team of user reps and volunteers who form a service user committee and will support the chair to run social media, input into specific projects and conduct engagement. All volunteers will require relevant



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safeguarding and information governance training. Engagement volunteers will need a DBS check. There is an MVPP Volunteer Agreement that is signed by the MVPP volunteer on commencement of role.

33. Proposed amendments to the terms of reference shall be circulated to all members in writing at least two weeks before the meeting at which such amendments should be considered.

34. The LMNS / CCG Lead Commissioner for Maternity Services will ensure administrative support is provided to the committee and that a lead person is identified to link with the chair and MVPP Lead. A current list of named core members and the person servicing the committee will be maintained with changes agreed and minuted.

35. Agenda and papers will normally be circulated two weeks before each meeting. Any members may ask for items to be included on the agenda

36. The minutes of meetings will be produced, for approval by the Chair prior to circulation and circulated within three weeks of the Meeting to the MVPP Core and associate members, and be made available to others on request.

Annual Programme and Reporting

37. An annual work plan will be agreed by MVPP members, progress will be reviewed regularly and an annual report will be produced for circulation to interested parties. The report will include:

- The work of the MVPP over the past year
- Progress on local strategies and targets
- Work-plan for the coming year
- Links and connections to Community Hubs and community organisations
- Recommendations to maternity care commissioners

38. The annual report will be circulated by the CCG to the trust and CCG/ICS board and other relevant statutory and non- statutory groups with an interest in maternity services. Where required It will be discussed by the Lead and/or the Deputy Lead at a meeting with the chief executive or lead director of the CCG and with the trust chief executive and/or the board level maternity safety champion, usually with a senior provider manager present.

Managing conflict of interests



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39. A conflict of interest involves a conflict between a public duty and a private interest, in which the person's personal interest, e.g. a commercial interest or opportunity for self-promotion, could improperly influence the performance of their public duties and responsibilities. MVPPs should manage any conflicts of interest and seek guidance if necessary. Healthwatch England has produced guidance on Conflicts of Interest and there is guidance available for charities - <https://www.gov.uk/guidance/manage-a-conflict-of-interest-in-your-charity>

Maintaining Independence

40. The MVPP will be independent and accessible to all sections of the community. It must be seen by women/birthing people and their partners and families as relevant and reflecting the experiences they have when using maternity services and related community support services.

Independence of purpose, of voice and of action

41. The MVPP must be able to speak up independently, without fear or favour. The chair, other elected officers, and all members of the committee have a responsibility to maintain this independence. Sometimes this may feel difficult.

42. The MVPP must work on both popular and minority causes, with mainstream groups and with marginalised and vulnerable groups in order to serve the whole community. Adequate resources must be provided through arrangements with commissioners, service providers, voluntary organisations, Healthwatch, researchers, and/or consultants to make realistic work plans.

43. To maintain independence, the MVPP must make sure that local people and stakeholders on the MVPP are clear about the committee's independent position, which must not be compromised for any reason. Independence can be undermined by external pressures and conflicting expectations, or if the MVPP becomes out of touch with the real concerns of local women/birthing people and families or fails to take account of high quality evidence.

44. The principle of presenting lived experiences in an evidence based way is vital. If proposals and presentations are not grounded in local service users' experiences and formal evidence, the MVPP will lack credibility.

45. If the MVPP chair, or a subgroup of the MVPP, decides to take on extra commissioned work for the CCG/commissioners or Trust(s), additional to the



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main work plan for the MVPP (the usually annual work plan, which all members have agreed by consensus or by voting, under these terms of reference), it must be clear, within the project plan agreed with the CCG/commissioners or Trust, how the MVPP's independence will be preserved. For example, that the MVPP owns the information collected has the right to publish any information collected and publish a final report in full. It is important to be clear that an MVPP is not a body that can enter into legal contracts – it is an NHS working group/partnership with members from relevant stakeholder groups, including NHS Trust staff, service users, NHS CCG/commissioner and others (see Terms of Reference). While an MVPP will settle its annual work plan (collectively, at an MVPP meeting) following discussion with the CCG and local Trust(s) as organisations (these bodies have members on the MVPP who should facilitate these discussions, supporting the MVPP chair), this must not compromise the independence of the group and its freedom to work on topics that the MVPP has collectively decided are important in the local context.

46. In order to maintain independence and respect, MVPPs:

- shall work to the highest levels of transparency and accountability in all activities. Good governance is fundamental.
- must declare and manage conflicts of interest – it can be the public's perception of a conflict that undermines trust and independence. The MVPP must be careful about any political affiliations and seek to maintain political impartiality.
- must be seen as independent and accessible to all, representing all parts of the community.
- are subject to oversight by clinical commissioning groups and may need to meet requirements in creating and delivering on its work plan in relation to co-design and co-production, however, any control over budget and activities shall not have undue influence on freedom to set priorities.
- in undertaking additional work (such as agreed time-limited projects), may be at risk of commissioners becoming confused about the MVPP's independence. It is important always to make this independence explicit so as to manage expectations.
- must not compromise their independence through commercial or provider interests. This does not mean avoiding involvement of independent practitioners or NHS providers. Strong and trusted relationships with a range of stakeholders are vital to having local insight and influence. But any conflicts of interests must be stated and managed to maintain the MVPP's independence and credibility.
- must protect the reputation of MVPPs and be respectful of local partners and stakeholders, avoiding inappropriate statements, language or associations which cannot be justified or may be damaging.



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- should attempt to resolve any disputes or misunderstandings locally, minuting all formal meetings. They should seek advice from independent trusted sources such as: peers in other MVPs, Healthwatch England, Regional Chief Midwife, Royal Colleges, NHS England, Birthrights, known independent service user advocates or lawyers if any tensions or conflicts cannot be resolved locally.

Agreed: 23.09.21
Review date: September 2022