# Herefordshire and Worcestershire Local Maternity and Neonatal System

## Equity and Equality Action Plan

# 2022 – 2025



#### Introduction:

The LMNS Equity & Equality Strategy set out our commitment to taking equality and inclusion into account in everything that we do. We recognise the importance of embedding equality principles and practices within the LMNS and the wider ICS business activities, that will support us as a dynamic system, which commissions the right services for our local population, placing fairness at the centre of core business, both as an employer and when commissioning maternity and neonatal services.

#### Background:

The Equity & Equality Strategy was developed in 2021 and refreshed during 2022 following NHSE feedback on the original document.

Within the refreshed strategy, there are 3 areas where the data does not meet the national expectations:

* We are unable to obtain the ethnicity of MVP meeting attendees.
* Personalised care and support plan data is currently not available by postcode
* WRES data unable to be broken down to staff groups within the Maternity & Neonatal workforce.

This action plan seeks to support the five priorities identified in the Equity & Equality Guidance for Local Maternity Systems (NHSE September 2021) and the findings of the refreshed Herefordshire & Worcestershire Equity & Equality Strategy, which is submitted alongside this action plan and should be read in conjunction with this document.

#### Vision

The overarching vision for Herefordshire and Worcestershire Local Maternity & Neonatal System is ‘Delivering Choice Safely’.

Our vision aligns to the local Sustainable Transformation Plan (STP) vision of ensuring that: ‘…our citizens have access to high quality, safe and sustainable, maternity, neonatal and perinatal mental health services, localised where possible and centralised where necessary.

#### Values

We will achieve our vision through two aims for maternity and neonatal services:

* To achieve equity and equality for mothers and babies from Black, Asian, and Mixed ethnic groups, those living in the most deprived areas and vulnerable groups.
* To achieve race equality in experience for staff from minority ethnic groups.

#### Overall plan aims & objectives

This equity and equality action plan will include:

* Priority 1: Restore NHS services inclusively
* Priority 2: Mitigate against digital exclusion
* Priority 3: Ensure datasets are complete and timely
* Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes
* Priority 5: Strengthen leadership and accountability

(Equity & Equality Guidance for Local Maternity Systems, NHSE September 2021)

The LMNS Equity & Equality Strategy aligns to the principles and objectives of the Herefordshire and Worcestershire CCG (now Herefordshire & Worcestershire ICB) ‘Equity and Inclusion Strategy (2020-2024) which identifies 4 equity objectives:

**Equity Objective 1**: Ensure patients, service users protected groups staff and wider public have a say in improving access to services and patient experience. Inclusion of seldom-heard groups for engagement in commissioning.

**Equity Objective 2:** Ensure all policies, strategies, service specifications, business plans and commissioning projects undertake Equality Impact and Risk Analysis.

**Equity Objective 3:** Put in place an action plan which looks at the Governing Board membership and seek to make it representative of the BAME workforce/population whichever is highest.

**Equity Objective 4**: Implementation of the ‘Beyond the Data’ recommendations due to the disproportionate impact and high number of deaths in the BAME community.

#### Co-production

The Equity & Equality Strategy was produced with the input and support of clinicians, LMNS Team, MVP Representatives, HR colleagues, Public Health and Midlands & East CSU.

The action plan was drafted with input from all stakeholders and the draft action plan was agreed by the LMNS Board members and also shared with the ICB Quality Subgroup.

#### Understanding the Health and Social Needs of the population across Herefordshire and Worcestershire:

#### Summary

* Herefordshire and Worcestershire Local Maternity & Neonatal System Equity and Equality Strategy demonstrates that our general population is from mixed urban and rural communities spread over a large area. Our population is predominately white, with fewer of our residents classified within the lowest deprivation deciles. What is not clear from the demographic breakdown of the white population are the effects of language and cultural issues. We have women presenting for maternity care who have higher rates of smoking and obesity than the national picture.
* Full system engagement and coordinated actions from a range of stakeholders are required to address these modifiable factors within our population. Our continued high rates of smoking in pregnancy, obesity and late booking for pregnancy care are of concern and system wide LMNS interventions put in place to improve the local performance.
* Evidence from MBRRACE-UK states that these are some of the selected characteristics of women who died during pregnancy, childbirth or up to 6 weeks after birth (2017-19). We have higher than average rate of low-birth-weight babies and of multiple births which needs further investigation. Whilst our overall stillbirth and neonatal death rates are in line with national rates.
* Below ‘Very Senior Management’ banding, there is a higher proportion of Black, Asian, and Minority Ethnic staff across the organisations than in the local population. Further data is required to explore pay banding by ethnicity. There are no Black, Asian, and Minority Ethnic staff in the ‘Very Senior Management’ staff group. However, we do have Trust Board level representation from within the Black, Asian, and Minority Ethnic groups.

#### Priorities

#### Priority 1: Restore NHS services inclusively

##### Description:

At national and local system-wide level, the decline in access among some groups during the first wave of the pandemic broadly recovered in later months. It has been identified that some pre-existing disparities in access, experience and outcomes have widened the pandemic.

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| Four actions to minimise the additional risk of Covid 19 to pregnant women and their babies from ethnic minorities | | | | |
| Action descriptor | Action required | Responsible Leads | Target date to complete | Comments / Evidence |
| 1.Increase support for at risk pregnant women | Clinicians have a lower threshold to review, admit and consider multidisciplinary escalation in women from ethnic minority groups. | DoMs /Clinical Leads / Safety Champions | Complete |  |
| 2. Reach out and reassure pregnant BAME women with tailored communications | Guidance and process written and embedded at WVT and WHAT. | DoMs / Clinical Leads / Digital Midwives / LMNS / Provider communication teams | Complete | Provider guidance and policy |
| 3. Ensure hospitals discuss vitamins and nutrition in pregnancy with all women | Information to all women re supplementation of Vitamin D and Folic Acid, 400 micrograms every day before pregnancy and up to 12 weeks of pregnancy. | DoMs /Clinical Leads / Safety Champions | Complete & embedded | Regional Measures Report |
| 4. Ensure all providers record on maternity information systems:   1. the ethnicity of every woman 2. postcode 3. co-morbidities 4. BMI 5. Age >35 | To improve the data quality for the recording of a-e:  Metrics required:   1. Record >90% for descriptor a 2. Record >95% for descriptor b 3. Improve recording for descriptors c,d & e 4. Audit and validate data monthly 5. Provide assurance at LMNS Board that these actions have been met, with exception reporting. 6. Use the data to inform the development of continuity of carer teams. 7. Triangulating Covid cases with Trust data to improve services. | DoMs / Clinical Leads / Digital Midwives / Data Analyst /  Governance Leads / Safety Champions / Public Health | March 31st 2023 | Regional Measures Report  BadgerNet data set |

#### Priority 2: Mitigate against digital exclusion

##### Description:

Systems are asked to ensure that:

* Providers offer face to face care to women and families who cannot use remote services.
* More complete data to be collected to identify who is accessing face to face, telephone or video consultations, broken down by relevant protected characteristic and health inclusion group.
* Take into account their assessment of the impact of digital consultation and channels that influence women’s access to maternity and neonatal services.

##### Digital Inequality: NHS Digital, 2019 describes digital inclusion as a concept that encompasses:

* **Digital skills:** Being able to use digital devices (such as computers or smart phones and the internet). This is important, but a lack of digital skills is not necessarily the only, or the biggest, barrier people face.
* **Connectivity:** Access to the internet through broadband, Wi-Fi and mobile. People need the right infrastructure but that is only the start.
* **Accessibility:** Services need to be designed to meet all users’ needs, including those dependent on assistive technology to access digital services.

##### Local system wide intervention:

* H&W ICB has undertaken a piece of work where digital inequalities have been identified and are in the process of devising an action plan to address these. **The LMNS is part of this workstream.**

##### Interventions:

* Ensure personalised care and support plans (PCSP’s) are available in a range of languages and formats, including hard copy, braillie or easy to read formats of PCSP’s for those women experiencing digital exclusion whether this is as a result of digital skills, connectivity, accessibility or choice.

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| Mitigate against digital exclusion | | | | |
| Action descriptor | Action required | Responsible Leads | Target date to complete | Comments/Evidence |
| Co-produce a LMNS digital strategy which sits alongside the ICS digital strategy | To develop the LMNS digital strategy with partners across the ICS.  To join the wider ICS Equality and Inclusion action plan workstream. | NHS Digital/ICS digital leads/Digital Midwives  LMNS Director / representative | October 2022  April 2023 | Draft LMNS digital strategy shared at LMNS Board  September |
| All PCSP data will need to be broken down by ethnicity and Index of Multiple Deprivation | Digital midwives to work with local informatics teams and maternity information system providers to ensure this data can be easily extracted. | DoMs / Clinical Leads / Digital Midwives / Data Analysts | March 2023 |  |
| The provision of information, including PCSPs are available in a range of languages and formats. | Access to a range of interpretation services for digital, hard copies and face to face communications.  Engage with wider Communication Teams to ensure websites and access portals can provide information in a variety of formats.  Ensure staff have access to facilities to provide hard copies of information leaflets and PCSPs as required. | Digital Midwives / Interpreter Teams /  Voluntary Groups /  Communication Teams | March 2023 |  |

#### Priority 3: Ensure datasets are complete and timely

##### Description:

Sytems are asked to continue to improve the collection and recording of ethnicity data. NHSE England will support the improvement of data collection through the development of a health inequalities dashboard.

Recording ethnicity and postcode at booking helps clinicians and the LMNS understand how health outcomes vary by geographical area and ethnicity. Services can then identify and prioritise those groups with poorer health outcomes for whom service improvements are needed.

Groups that will benefit most: Ethnic minority groups, those living in deprived areas.

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| Ensure datasets are complete and timely | | | | |
| Action descriptor | Action required | Responsible Leads | Target date to complete | Comments/Evidence |
| Maternity information systems to continuously improve the data quality of ethnic coding (>90%) and t he mother’s postcode (>95%). | To educate clinical staff to ensure these fields are completed. | DoMs | March 2023 |  |
|  | Work with system supplier to consider mandatory fields. | Digital Midwives |  |  |
|  | Trusts data submission to MSDS to be verified and complete. | Trust Informatics Teams |  |  |
|  | Review MSDS and provide exception reports to LMNS Board. | LMNS Team |  |  |
| Monthly recording of ethnicity and postcode data on health inequalities dashboard. | Review LMNS dashboard to include Trust compliance with ethnicity and postcode data being recorded within EPR. | Provider Informatics Teams / Digital Midwives / LMNS Team | March 2023 |  |

#### Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes.

The Maternity Transformation Programme is one of the preventative programmes that is engaging those at greastest risk of poor health outcomes, as set out in the 2021/2022 and 2022/2023 priorities and operational planning guidance.

This priority is divided into five sub-priorities:

* 4a Understand the local population needs and co-produce interventions
* 4b Action on maternal mortality and morbidity and experience
* 4c Action on perinatal mortality and morbididity
* 4d Support of maternity and neonatal staff
* 4e Enablers

#### Priority 4a Understand the local population needs and co-produce interventions

##### Desription:

* Understand the local population – its health outcomes and community assets
* Understand staff experience using workforce race equality scheme (WRES) data
* Use this understanding to coproduce activity to design interventions to improve equity for women and babies and race equality for staff

Please refer to the refreshed Equity & Equality Strategy for the detail.

It is acknowledged that there are three areas where data remains outstanding:

* Ethnicity of MVP meeting attendees.
* Personalised care and support plan data is not available by postcode.
* WRES data unable to be broken down to staff groups within Maternity & Neonatal workforce.

#### Priority 4b Action on maternal, morbidity and experience

**Description:**The LMNS will ensure equity in access, experience and health outcomes for women from Black, Asian and Mixed ethnic groups and those women living in the most deprived areas. They may consider other protected characteristics and inclusion groups.

#### Priority 4c Action on perinatal mortality and morbidity

##### Description:

The LMNS will address the leading causes of perinatal mortality and morbidity for babies from Black, Asian and Mixed ethnic groups and born to women living in the most deprived areas. LMNSs may consider other protected characteristics and inclusion groups.

The following interventions will be outlined in the detailed plan:

1. Intervention 1: Implement targeted and enhanced continuity of carer, as set out in the NHS Long Term Plan, so that by 2024, 75% of women from Black, Asian and Mixed ethnic groups and women living in the most deprived areas receive continuity of carer. Also ensuring that additional midwifery time is available to support women from the most deprived areas.
2. Intervention 2: Implementation of a smoke free pregnancy pathway for mothers and their partners.
3. Intervention 3: Implement a LMNS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas.
4. Intervention 4: Offer a culturally sensitive genetics service for consanguineous couples.

#### Priority 4d Support for maternity and neonatal staff

##### Description:

* The LMNS will equip maternity and neonatal staff to provide culturally competent care.
* Ensure maternity and neonatal staff experience race equality in the workplace.

Interventions required:

1. Intervention 1: Roll out multidisciplinary training about cultural competence in Maternity and Neonatal Services.
2. Intervention 2: When investgating serious incidents, consider the impact of culture, ethnicity and language.
3. Intervention 3: Implement the Workforce Race Equality Standard (WRES) in Maternity and Neonatal Services.

#### Priority 4e Enablers:

##### Description:

LMNSs are asked to create the conditions to achieve equality by:

* Consider the factors that will support high quality clinical care
* Working with system partners and the VCSE sector to address the social determinants of health

Intervention1 establish community hubs in areas with the greatest maternal and perinatal health needs

Intervention 2 work with system partners and the VCSE sector to address the social determinants of health

#### Detailed Action Plan

The collation of the actions required to implement and embed the digital, cultural, and social changes required to address the maternal and neonatal inequalities and inequities across the LMNS are as follows: Note each priority has been broken down into a required action.

| Intervention | Detail | Key milestones | Target dates | Metrics for Success | Comments/updates |
| --- | --- | --- | --- | --- | --- |
| Priority One: Restore NHS services inclusively | | | | | |
| Continue to implement the COVID 19 – four actions. These include:  1. Increasing support for at risk pregnant women | Guidance in place at provider organisations for clinicians to have a lower threshold to review, admit and consider multidisciplinary escalation in women from ethnic minority groups. | Local guidelines in place. | Completed | Guidance in place and operationalised. |  |
| 2. Reach out and reassure pregnant women with tailored communications. | Push notification sent out via BadgerNet systems. Posters displayed in clinical areas. |  | Completed |  |  |
| 3. Ensure women have early access to Vitamin D and Folic acid supplementation in pregnancy. | Included in local guidance | Local guidance in place. | Completed | The % of women who have receiving information regarding vitamin D and Folic acid supplementation. |  |
| 4. Record on the maternity information system the ethnicity, postcode, co-morbidities, BMI and aged over 35 years. | Ensure all providers record on the maternity EPR systems the ethnicity of every woman, postcode, co-morbidities, BMI and age>35 to identify those mothers at risk of poor outcomes. |  | March 2023 | Metric set for monthly compliance for recording Ethnicity data >90%.  Metrics set for >95% monthly compliance for recording postcode at booking appointment.  Improved recording of co-morbidities, BMI and age over 35. |  |
| 5. Target the Covid vaccination programme to women and partners | Target Covid Vaccination Programmes in Pregnancy | Quarterly review of local vaccination uptake data. | March 2023 | The % pregnant women who have received the Covid vaccination. |  |
| Priority Two: Mitigate against digital exclusion | | | | | |
| Creation and development of a H&W LMNS digital strategy | The LMNS digital strategy to be developed in conjunction with the provider’s digital strategies and link to the ICB digital strategy. | LMNS Strategy to be developed | October 2022 | A LMNS digital strategy that compliments the ICB digital strategy and aligns with national priorities. |  |
|  |  | Active partner in the ICB Equality & Inclusion workstream (ICB digital strategy group). | March 2023 |  |  |
| Ensure every woman is offered a Personalised Care and Support Plan (PCSP), underpinned by a risk assessment with referral to the optimal maternity care pathway and in line with national guidance. | PCSPs are available via the BadgerNet system and across the LMNS and capture information at:  - Antenatal care by 17 weeks  - Intrapartum care by 35 weeks  - Postnatal care by 37 weeks  Data can be extracted by ethnicity.  Work with system supplier to enable extraction of data by postcode.  Develop a system to review this data by compliance, ethnicity and postcode. | Agreement with the supply to amend the system.  An agreed review and reporting process within the LMNS of the data. | September 2023 | An amended PCSP report which includes ethnicity and postcode.  Review process which leads to improvements of quality and compliance of PCSPs. |  |
| The provision of information, including PCSPs are available in a range of languages and formats. | Access to a range of interpretation services for digital, hard copies and face to face communication. | Co-produced patient information and PCSPs. | March 2023 | User satisfaction surveys. |  |
|  | Engage with wider communication teams to ensure websites and access portals can provide information in a variety of formats. | To review trust information translation services. |  | Friends and family test. |  |
|  | Ensure staff have access to facilities to provide hard copies of information leaflets and PCSPs as required. | Assurance from providers trusts that staff can access information in various formats. |  | CQC Maternity feedback recommendations. |  |
|  | Consider the loan of electronic devices where required. | An agreed business case to provide electronic devices. |  | Feedback from MVPs |  |

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| Priority Three: Ensure data sets are complete and timely | | | | | |
| To ensure all providers record on maternity systems at the booking appointment:   * Ethnicity of every woman * Postcode * Co-morbidities and clinical risk assessment. * BMI * Age to identify mothers > 35 years of age | Both provider trusts use an EPR system (BadgerNet) which contains all these data fields.  To educate the clinical & non-clinical staff to ensure these fields are completed.  To provide training as required. | To improve booking by 12+6 compliance across the LMNS (currently not being achieved by WHAT) to meet safety action 2: data submitted to MSDS. | March 2023 | Compliance of a valid ethnic code for at least 90% of women at booking.  ‘Not stated’, ‘missing’ and ‘not known’ are not valid codes.  Compliance of a postcode being recorded for at least 95% of women at booking.  Not stated missing and not known are not valid codes |  |
|  | LMNS Team to review MSDS submission and provide exception reports to LMNS Board. |  | March 2023 |  |  |
|  | Review the LMNS dashboard to include trust compliance with ethnicity and postcode data being recorded within EPR. |  | March 2023 | Improvement in compliance with MSDS data submission.  Improve visibility at the LMNS Board. |  |
| Provider trusts will use the ethnicity and postcode data to target communities of known social deprivation and BAME population to target Continuity of Carer. | Undertake a service data review to identify the population and geographical localities to target women from known social deprivation and BAME population and those with complex social needs. | Coproduce CoC plans which address the needs of our population. | March 2024 | By March 2024 75% of women from BAME groups will be prioritised in the delivery of CoC plan. |  |
| Priority 4 Accelerate preventative programmes that engage those at greatest risk of poor outcomes | | | | | |
| 4a Understand your population and co-produce interventions | | | | | |
| Produce an LMNS Equity & Equality Strategy as per NHSE Guidance 2021 | Refreshed Equity & Equality Strategy to include NHSE feedback. | Resubmission | September 2022 | Refreshed strategy accepted by NHSE |  |
| Ethnicity of MVP participants is currently not recorded | The MVP need to collect the ethnicity of all the voices heard within the MVP. | Collection of ethnicity data. | March 2023 | Ethnicity data will be contained within MVP annual reports to LMNS Board |  |
|  | Provide a breakdown of ethnicity data within annual reports to LMNS Board. | Inclusion of ethnicity data with annual report. | March 2024 |  |  |
| WRES data unable to be broken down to staff groups within Maternity & Neonatal workforce | The ICB Workforce data lead can only provide WRES data indicators 1-8 at organisational level and not broken down by staff groups specifically within Maternity & Neonatal services.  WRES data indicators to be disaggregated by area of practice. | Data cleansing and extraction. | March 2023 | WRES data will be available for Maternity & Neonatal Services workforce |  |
| Priority 4b Action on maternal mortality, morbidity and experience | | | | | |
| 4b Intervention 1 | | | | | |
| Implement maternal medicine networks to help achieve equity. | Engage with Birmingham Maternal Medicine Network to agree clinical pathways in line with the national service specification. | Engage with network. | Completed | Enhanced maternal medicine support for Herefordshire & Worcestershire women and clinicians. |  |
|  | Transfer the agreed funds to BSOL. | Invoice paid | Completed |  |  |
|  | Add Maternal Medicine service specification to both provider trusts contracts. | Attend the first West Midlands Maternal Medicine meeting in November 2022. | November 2022 |  |  |
|  | H&W clinicians to be active members of the Maternal Medicine Network group to ensure the population requirements are met. | Establish formal pathways across the LMNS to provide consistent local care and allocated consultant time. | March 2023 |  |  |
|  | Further develop existing local pathways between H&W providers to deliver enhanced care closer to home where possible. |  | Ongoing |  |  |
|  | Maternal Medicine Network will provide education, learning and sharing of best practice. |  |  |  |  |
| 4b Intervention 2 | | | | | |
| Offer referral to the NHS Diabetes Prevention Programme to women with a past diagnosis of gestational diabetes mellitus (GDM) who are not currently pregnant and who do not currently have diabetes | Work across the ICS to implement the Diabetes Prevention Programme and ensure this is communicated widely. | Engage in ICS Group.  Engage with Communication Teams regarding Communication strategy. | March 2024 | A reduction in the rate of GDM. |  |
|  | Engage with Public Health and the Healthy Lifestyle programme which offers information and support around healthy weight management and healthy eating. | Link with wider clinical teams to ensure women are prepared and engaged pre-conception.  Wider knowledge and engagement with the PH Healthy Lifestyle programme and signposting to their services. |  |  |  |
|  | Implement continuous glucose monitoring (CGM) pathway for Type 1 diabetic pregnant women across the LMNS. | An agreed and implemented pathway | March 2021 | CGM offered to all newly pregnant women with Type 1 diabetes. |  |
| 4b Intervention 3 | | | | | |
| Implement NICE CG 110, antenatal care for pregnant women with complex social factors | To continue recording and monitoring:   * The number of women presenting for antenatal care (AN) with any complex social factor. * The number of women who attend booking at 10,12+6 and 20 weeks * The number or routine AN appointments attended ensure equity of access to all | Continue multi-agency workstream meetings to develop system wide actions to address:   * safeguarding needs * misuse of substances (smoking and alcohol) * migrants/asylum seekers /refugees * human trafficking * child sexual exploitation * women with FGM * young pregnant women aged <20 * forced marriages * women who experience domestic abuse * mental ill health & behavioural conditions. | September 2023 | Monthly data compliance of recording the proportion of women with complex social factors at booking at 10 weeks, 12+6 week, and 20 weeks.  The number of women with complex social factors on a CoC pathway.  MVP feedback  Friends and family Test  CQC Maternity Survey feedback  A reduction in the rate of smoking at time of birth  Improved perinatal quality outcomes especially amongst those from deprived social backgrounds/have complex social needs/ from BAME population. |  |
| 4b Intervention 4 | | | | | |
| Implement maternal mental health services with a focus on access by ethnicity and deprivation | Accepted as a fast follower for Perinatal Mental Health workstream.  Work with the Perinatal Mental Health Team to widen and enhance the perinatal mental health pathways to ensure they are accessible for all women and families who require this level of support.  Systemwide Maternal Mental Health Lead Midwife appointed and AHPs.  Both providers have Bereavement Lead Midwives in post. | Continued participation in the fast followers workstream.  Finalisation of a seamless pathway for perinatal mental health across the ICS.  Review of perinatal mental health intervention outcomes, by demographics to understand where inequalities are present. | September 2024 | Data review of perinatal mental health service data inclusive of:  - Service referrals   * Service access * Service outcomes * User satisfaction surveys /MVP feedback * CQC Maternity Survey feedback   Easily accessible services for women and families. |  |
|  | Introduction of ‘DadPad’ (interactive support package for partners of women who experience perinatal mental health issues).  Identify suitable premises to provide perinatal mental health outreach clinics across the ICS, based on need. | Secure recurrent funding for ‘DadPad’ licence. |  |  |  |
|  | IAPT service available across the ICS. | Understand the waiting times for accessing IAPT services. |  | Waiting times for access to IPAT within agreed timescales. |  |
| 4b Intervention 5 | | | | | |
| Ensure personalised care and support plans are available to everyone | Robust data to evidence that a PCSP has been made for every woman at:  - Antenatal care by 17 weeks  - Intrapartum care by 35 weeks  - Postnatal care by 37 weeks  PCSP data must be available by ethnicity and postcode.  PCSPs must be in an accessible and acceptable format for the woman.  A risk assessment must be undertaken at every contact and the PCSP updated accordingly. | Obtain data from BadgerNet to demonstrate compliance. | September 2022 | Evidence on the LMNS dashboard demonstrating increased compliance of providing PCSPs as described. |  |
|  |  | Agreement with the supplier to be able to extract data by postcode. | March 2023 | Positive service user feedback via MVP and CQC maternity survey. |  |
| 4b Intervention 6 | | | | | |
| Ensure the MVPS in the LMNS reflect the ethnic diversity of the local population in line with NICE QS 167 | The MVPS need to reach to a wider representation of the maternity & neonatal service users.  Funding for MVPS has been increased to support attendance at a wide range of venues where parents currently meet.  MVPs Chairs are funded to the recommended £150 per day.  Contact has been made with various faith groups.  Various mediums are in operation (social media, face to face & virtual meetings).  MVPs have posters and email addresses which are widely shared.  Currently not recording the ethnicity of the voices they hear.  Encourage families from a diverse range of backgrounds to be involved with the MVP work. | Plan in place to involve a variety of service users and obtain their voices.  Recurrent annual funding for the MVPs | March 2023 | MVPs to collate ethnicity data and include in annual report to LMNS Board which demonstrates representation of service users from a variety of ethnic and social backgrounds. |  |
|  |  | Inclusion of data in the MVP annual reports | March 2023 |  |  |
| 4c Action on perinatal mortality & morbidity | | | | | |
| 4c Intervention 1 | | | | | |
| Implement targeted and enhanced continuity of carer as set out in the NHS Long Term Plan | BirthRate + assessments have been conducted at both provider trusts and both reports have been received within the Trusts. | Completion of BR+ assessments  Completion of CoC plans. |  | Women and midwives satisfaction – via CQC Maternity Survey feedback, MVP feedback, staff survey and local feedback. |  |
|  | Provider trusts to develop their plan with national timescale.  WAHT detailed plan drafted and submitted to NHSE, awaiting formal feedback. | Trajectories identified to achieve majority of women cared for on a CoC pathway. |  | Percentage of women cared for on a CoC pathway reported to LMNS Board. |  |
|  | WVT Board have taken the decision to delay production of a CoC plan and are seeking a project manager to support the development. In addition, support has been sought from a comparable maternity service who have implemented CoC. Contact has been made with the national CoC lead.  By March 2024, 75% women from BAME groups and women living socially deprived areas will be prioritised in the delivery of CoC modelling.  The plans will need to target our vulnerable groups, including BAME, women with complex social factors, Eastern European communities, Gypsy/ Roma communities, women residing in deprived areas and families from the armed forces. |  |  | 75% women from BAME groups and women within the vulnerable groups identified are cared for on a CoC pathway. |  |
| 4c Intervention 2 | | | | | |
| Implement a smoke free pregnancy pathway for mothers and their partners. | The NHS patient safety strategy sets a national ambition to increase the proportion of smoke free pregnancies to 94% or more by Q1 2023/24. | Development of LMNS wide SIP dashboard | Completed | Increase of uptake of CO monitoring at booking and 36-week appointments. |  |
|  | To fully implement Element 1 of SBL CBv2.  Work with ICS partners to provide an MDT approach.  Undertake a service data review to identify inequalities in smoking cessation linked to deprivation status, age, ethnicity, and other factors. Use this to inform service planning.  Work towards increasing the provision of Risk Perception Interventions (RPI) ensuring equity of access and outcomes.  Continue to monitor delivery of smoke free homes working with the Tobacco Dependency ICS workstream.  Further development of the smoking in pregnancy dashboard, ensuring robust data collection and analysis.  Enhance the postnatal smoke free homes support offer, with a focus on families with babies cared for in the neonatal unit (NICU) / special care baby unit (SCBU). | Completion of service data review  Identification of a plan to increase RPI service provision and evaluation  Ongoing review and delivery of the SIP action plan across the LMNS  Finalisation of a seamless pathway between antenatal and postnatal smoking cessation service provision. | March 2023 | Achievement of 6 % (or less) smoking at time of delivery.  Full compliance with Element 1 of SBLCBv2 |  |
| Additional intervention | | | | | |
| Full implementation of the 5 elements of the Saving babies Lives Care Bundle (SBLCB; v2). | Full implementation of all elements of SBLCBv2 to maximise opportunities to improve the outcomes for our women, babies’ and families. | Full implementation of all 5 elements  Monitoring of the providers  SBL progress at LMNS Board | March 2023 | Achieving 50% reduction, by 2025, rate of stillbirths, neonatal deaths, maternal deaths and neonatal brain injuries.  At least 85% women who are expected to give birth at less than 27 weeks gestation, are able to do so in a hospital with appropriate on-site neonatal care. |  |
| 4c Intervention 3 | | | | | |
| Implement an LMNS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas. | Improve the Baby Friendly Initiative status for Maternity & Neonatal services at both trusts.  Review LMNS wide initiation of breastfeeding data to identify areas of required focus and appropriate actions to reduce inequalities in outcomes.  Review outcomes of previous MVP community engagement to ensure actions to increase breastfeeding initiation reflect the needs identified by service users  Increase equity of access to antenatal education, ensuring the inclusion of appropriate infant feeding support.  Reviewing and increasing access to peer support / voluntary organisations supporting breastfeeding in the community.  Access to facilities to enable expressing of breast milk / colostrum if unable to breastfeed.  Agree and implement an infant feeding strategy.  Ensure parents are aware of how to access support in a variety of ways (face-to-face, written, telephone and digital) to ensure accessibility. | Robust data collection for first feed, feeding when transfer to home, when discharge from maternity to HV services and at 6 weeks.  Acute and community support service mapping.  Continue multi-agency workstream meetings to inform the identification of required systemwide actions.  Implementation of an infant feeding strategy across the LMNS. | March 2026 | Achievement of BFI gold status.  Increasing breastfeeding rates.  Parents safely feeding their babies.  Parent feedback. |  |
| 4c Intervention 4 | | | | | |
| Culturally sensitive genetic services for consanguineous couples. | As non-tertiary units, the pathway is to refer to the tertiary genetic service in Birmingham. |  | Complete | Service user feedback |  |
| Priority 4d Support for Maternity & Neonatal staff | | | | | |
| 4d Intervention 1 | | | | | |
| Roll out multidisciplinary training about cultural competence in Maternity & Neonatal Services | Roll out multidisciplinary cultural competence E-learning tool (HEE) across Maternity & Neonatal Services.  Continue to work across the ICS to embed the ICS workforce WREI strategy to ensure a collaborative approach. | Plan from both Trusts to roll out cultural competency training.  Quarterly training data to LMNS Board. | July 2023 | An increasing number of staff who have completed cultural competency training |  |
| 4d Intervention 2 | | | | | |
| When investigating serious incidents consider the impact of culture, ethnicity and language | The parent’s culture, ethnicity and language is discussed and considered within their PCSPs.  Ethnicity is recorded for all SIs and, PMRT and HSIB cases.  Investigations to consider the impact of culture, ethnicity and language.  Reports need to contain the ethnicity of the mother and / or baby. | Ethnicity recorded on:   * StEIS, for maternity & neonatal SIs | Complete | 100% compliance with recording of ethnicity |  |
|  |  | * PMRT | Complete |  |  |
|  |  | * Investigation reports |  | Service user feedback is positive relating to cultural, ethnicity and language needs. |  |
|  |  | Reports demonstrate consideration of the culture, ethnicity and language of the family. |  |  |  |

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| 4d Intervention 3 | | | | | |
| Implement the workforce race equality standards (WRES) in Maternity & Neonatal Services. | The ICB Workforce data lead can only provide WRES data indicators 1-8 at organisational level and not broken down by staff groups specifically within Maternity & Neonatal services.  WRES data indicators to be disaggregated by area of practice.  Analyse data (when available) and draft a plan to address any areas of concern.  Improve staff experience through listening to the staff voice and use of staff networks.  Need to harness talent and support for career progression for BAME employees.  Roll out Midland Workforce, Race, Equity, and Inclusion Strategy (2022) | To work with Human Resource Leads, digital leads and ICS Equity, Diversity and Inclusivity Leads to disaggregate the WRES data, 1-8 for the Maternity & Neonatal workforce specific. | September 2023 | Obtaining WRES data indicators 1-8 for Maternity & Neonatal staff  Development of an action plan to address any areas of concern. |  |
| 4e Enablers | | | | | |
| 4e Intervention 1 | | | | | |
| Establish community hubs in areas with the greatest maternal and perinatal health needs. | WAHT have established Maternity Community Hubs in identified areas of need to provide antenatal and postnatal care.  WVT provide some outreach clinics.  Family hub development is in progress and Maternity Services are part of the working group.  Mapping exercise to scope the population demographics, the geographical feasibility, transport services, venue and locality.  The workforce predictions should be considered within CoC plans.  Collaborate with social prescribing networks across the LMNS to reach out to women who may be socially isolated and/or have complex social needs. | A credible plan to integrate Maternity & Neonatal Services within the Family Hub development across the ICS. | March 2025 | Implementation of the plan to integrate Maternity & Neonatal Services within the Family Hub development across the ICS. |  |
| 4e Intervention 2 | | | | | |
| Work with system partners and the VCSE sector to address the social determinants of health | Collaborate with the social prescribing networks across the LMNS to reach out to women who may be socially isolated who have complex social needs.  Collaboration with Public Health and Local Authority Teams with an emphasis on smoking cessation and health start schemes.  Review the provision of peer support workers.  Continue positive working relationships with the MVPs.  Work in collaboration with existing national maternity & neonatal support organisations | Collaboration across a range of organisations to deliver a holistic approach for families | March 2024 | Long term system plan in place which supports our families.  Strong relationships between VCSE sector and clinical providers.  Positive service user / MVP feedback. |  |
| Priority 5 Strengthen leadership and accountability | | | | | |
| LMNS to submit an Equity & Equality analysis | Analysis to include health outcomes, community assets and staff experience and a co-produced plan as set out in sub-priority 4a, interventions 1-4. |  | 30th November 2021 | Submission and acceptance of Equity & Equality Strategy by NHSE | Feedback received from NHSE highlighting elements not included. The refreshed strategy resubmitted September 2022 |
|  | Co-produce an equity & equality action plan |  | 30th September 2022 | Submission and acceptance of Equity & Equality action plan by NHSE | Date changed from 28th February 2022 to 30th September 2022 |

#### Roles and Responsibilities:

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| Responsible for | Job Role |
| Priority 1 | Digital Midwives at WVT/WAHT |
|  | Director / Associate Director of Midwifery at WAHT / WVT |
|  | Clinical Leads at WVT/WAHT |
|  | Provider and LMNS Data Analysts |
|  | Maternity Voice Partnerships |
|  |  |
| Priority 2 | Digital Midwives at WVT/WAHT |
|  | ICB Digital Lead |
|  | Trust Digital Leads |
|  | Director / Associate Director of Midwifery at WAHT / WVT |
|  | Clinical Leads at WVT/WAHT |
|  | Provider and LMNS Data Analysts |
|  | Communication Leads in Provider Trusts / LMNS |
|  | Maternity Voice Partnerships |
|  |  |
| Priority 3 | Provider and LMNS Data Analysts |
|  | Director / Associate Director of Midwifery WAHT / WVT |
|  | Maternity Governance Leads |
|  | LMNS Team |
|  |  |
| Priority 4 | Director / Associate Director of Midwifery WAHT / WVT |
|  | Clinical Leads WAHT / WVT |
|  | ICB Workforce Data Lead |
|  | Provider HR Leads |
|  | Public Health |
|  | Maternity Voice Partnerships |
|  | Voluntary Community & Social Enterprise Organisations |
|  | County Councils |
|  | Infant Feeding Advisors |
|  | CoC Project Leads |

All the work above needs to be supported by the wider Integrated Care Board Members, LMNS SRO, LMNS Board Members, Board Level Safety Champions and Communications Teams.

#### Resources

The LMNS receives annual funding stream from NHSE. In 2022/2023 the LMNS was awarded:

* LMNS Capacity Targeted (ICS/LMNS) £150,000. 50% in H1. Remainder in H2.
* General implementation Targeted (ICS/LMNS) £90,000. 50% in H1. Remainder in H2 (subject to assurance).
* Continuity of carer and equity Targeted (ICS/LMS) £90,000. 50% in H1. Remainder in H2 (subject to assurance).
* Pilot funding: Enhanced CoC Targeted (ICS/LMS). 50% in H1. Remainder in H2.
* Continuous Glucose Monitoring Targeted (ICS/LMS) £44,000. 50% in July (M4). Remainder in Jan (M10)
* Pre-term birth clinics and Maternal Medicine Networks Baselines (CCGs) £132,000. 50% in H1. Remainder in H2
* Pilot funding: Perinatal Pelvic Health EIS Targeted (ICS/LMNS) £150,000. 50% in H1. Remainder in H2

In addition, the ICB contributes £4,500 to each MVP annually.

Until the WVT continuity of carer plan is fully developed and costed, the potential ICS funding required to implement CoC is not yet known.

#### Communication Plan:

##### Distribution and approval plan

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| Action | Audience | Target dates | Comments |
| Approval of the refreshed draft LMNS Equity and Equality Strategy | LMNS Board & ICB Quality Subgroup | September 2022 | Approved |
| Approval of the draft LMNS Equity and Equality Action Plan | LMNS Board & ICB Quality Subgroup | September 2022 | Approved |
| Submission of the refreshed E&E strategy and action plan to NHSE | NHSE | September 2022 |  |

##### Circulation plan

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| --- | --- | --- | --- |
| Action | Audience | Target dates | Comments |
| Share the submitted refreshed E& E strategy and action plan | LMNS Board & ICB Quality Subgroup | November 2022 |  |
| Publication on BirtHWays (LMNS website) | General Public | November 2022 |  |
| Share at MVP meetings | Service Users | December 2022 / January 2023 |  |

#### Co-Production

Co-production is a way of working that involves service users, carers and communities in partnership and engages groups of people at the earliest stages of service design, development and evaluation.

Co-production acknowledges that people with ‘lived experience’ of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.

Herefordshire & Worcestershire LMNS have co-produced this plan with service users and service providers with the ultimate aim of ensuring high quality care for all our families within the ICS.

Co-production will continue as we implement the actions and acknowledge that some actions may be amended as we receive ongoing service user feedback.

The LMNS is an integral part of the ICB and value the knowledge and expertise that working together brings to the development of this plan and actions.

We express our thanks and gratitude to everyone who has been involved in the development in this plan.