



# Humber and North Yorkshire Health and Care Partnership

## Local Maternity and Neonatal System

### Equity and Equality Action Plan - Narrative

September 2022

#### Background

NHS England released the report '[Equity and Equality; guidance for Local Maternity Systems](#)' in September 2021 to support the ambition to reduce the spread of clinical outcomes in pregnancy and birth across different demographic groups. The original scoping plan, aimed at identifying areas of local priority in Humber and North Yorkshire, was commenced in the Autumn of 2021, originally completed in December 2021, and submitted to the regional Maternity Transformation Team for oversight and further recommendations.

A revised version was then derived from this initial plan; incorporating the recommendations made, additional information which had become available after the first submission, and some areas that other LMNSs had suggested should be included in an expanded plan. This was submitted in May 2022.

#### Rationale for equity and equality plan provision and actions

The standard definition of high quality care includes the requirement for it to be; 'Safe, Effective, Efficient, Timely, Equitable and with a good user experience'. We need to provide high quality care in maternity and neonatal services to support the aims of the maternity transformation strategy derived from the original '[Better Births](#)' document in 2016, followed by the [NHS Long Term plan](#) (2019) and the Ockenden reports from December 2020 and March 2022.

We also need to meet the requirements for the NHS Constitution, the Equalities Act of 2010 and the Health and Social Care Act of 2012 to ensure clinical outcomes are 'levelled up' – that they are as good for all as they are for the groups with the best outcomes.

Equity in this respect relates to many different aspects of clinical care but we also include the enablers of that clinical care; the IT and data systems in use. These ensure appropriate reporting to enable gaps in provision to be identified, and that the supply of information through to service users is in an appropriate format. This links strongly with the [ICS Digital Strategy](#) requirement for digital inclusion for anyone who may not have appropriate skills or equipment, have particular beliefs, or who may suffer from physical or mental health issues preventing them from accessing our improving technologies, or simply live in a poor connectivity area.

Evidencing this need for change comes from the regular [MBRRACE](#) reports and ONS (Office of National Statistics) data that shows the current inequity of outcomes, particularly for women and birthing people from minority ethnic backgrounds and those living in the most deprived communities.

Alongside ensuring that service users are well supported, the plan also outlined how we would support staff who come from more diverse backgrounds to be recruited and progressed through career and talent development schemes for maternity and neonatal teams.

Additionally, the action plan document also provides appropriate linkage through to the [2021/22 planning guidance priorities](#):

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

All LMNS plans are coproduced as much as it is feasible with stakeholders from all the relevant groups able to provide input. The action plan also links through to a number of other contemporaneous pieces of work being supported by the LMNS across the Humber and North Yorkshire region, including the Digital Strategies for the LMNS and each Trust, work to review the inputs and outputs of our Maternity Voices Partnership groups, equity in provision of preventative and pre-conception advice and support, and other work.

### **Process & next steps**

The original plan was based on four sections:

- 1) Population analysis
- 2) Community asset mapping
- 3) Staff experience
- 4) Plan coproduction activity

The outcomes of the review that took place provided more detail about the population of women, birthing people and maternity & neonatal staffing across the Humber and North Yorkshire area. Some of the data we used came from nationally available sources such as the OHID (Office for Health Improvement and Disparities) Fingertips datasets at [Public health profiles - OHID \(phe.org.uk\)](#), some from local public health teams who form part of the LMNS, and some from other projects and programmes within the ICS who are doing similar work in identifying community teams and opportunities for better integration with existing support.

Generally, the analysis confirmed many of our then assumptions about areas where additional support would be required, and also confirmed the paucity of employment of midwives and associated professionals with more diverse backgrounds. Some data we wanted to access was not available; specifically the Workforce Race Equality Standards (WRES) workforce statistics, because they are not currently collected in the format required. In other areas we have a huge volume of data; particularly via our Maternity Voices Partnerships who collect a lot of demographic data every time they progress with a survey or piece of joint working. The action plan therefore looks to identify areas where we need to continue to collect data or review it for ease of use.

Some of the information brought to light really resonated with members of our LMNS teams; they could identify areas where they had seen that situation or had a specific difficulty communicating with someone, for example because of language difficulties. Prevention leads for smoking, alcohol misuse and weight management in pregnancy described the difficulties of providing access to services in some circumstances and further elaborated how this could be an integral part of the plan to anticipate many of these issues and provide mitigation where possible.

Where we could identify gaps and challenges as part of the review, we noted these for action within the attached action plan. These will be worked into different aspects of the overarching LMNS workplans where possible or taken forward as specific projects.

## **Coproduction and shared goals**

All these plans and indeed much of the work we do in the LMNS is coproduced with the Maternity Voices Partnerships, so we feel confident in describing the action points and priority needs of our population in this way. We have recently done a lot of work in refreshing the vision for the MVP groups by surveying a large number of women, birthing people and staff; their focus strongly aligns with ours in terms of providing safe, kind, high quality and personalised care for all.

Locally we have recently recruited to an MVP role across the LMNS which reflects our enthusiasm to tackle head-on any of the concerns initially identified by the scoping. This is our Cultural Diversity lead and she has the remit to address different ways of supporting our minority ethnic populations, different faith groups, those living in more deprived communities, those with physical, mental or learning disabilities, and those identifying with our LGBTQ+ groups. It also addresses specific cultural groups such as gypsies & travellers, refugees and those with specific needs resulting from pregnancy and birth such as the families whose babies who have spent time on our neonatal units. Focused work on supporting neonatal families is in the remit of our Y&H Neonatal ODN Parent and Family Engagement Lead, with support from the LMNS.

Regionally, our LMNSs have shared their scoping documents and plans across the area to ensure that learning is disseminated, and good ideas spread widely; this was immensely helpful in the review of our initial scoping piece for 'gaps' or themes we had not considered and we intend to continue to share planning documents throughout this process.

Additionally, we have joined locally with our Perinatal Mental Health team to recruit to a professional Equity and Equality role who will practically support the implementation work resulting from the action plan alongside our MVP partner, making our commitment to continue to progress this in the long term.

## **Next steps – continued progress**

The assumption is that this attached action plan is a living document that will be reviewed regularly by the team appointed to lead this work and added to as necessary. The investment in professional leadership for this work and additional input into the MVPs will continue to generate ideas and new actions, whilst also completing some of the initial priorities identified. We are encouraged by the input over the first few months from our new cultural diversity lead.

We hope that the Equity and Equality lead joint appointment with perinatal/maternal mental health teams will ensure we do not create a new inequity between physical and mental health provision, and that we can provide appropriate support across the huge geographical area. Acknowledgement that some community groups and locations will need different levels of support at different times is part of the consideration.

Our digital strategy is being produced both by the LMNS and Trusts simultaneously and we anticipate the initial changes to implement a new Maternity IT System (BadgerNet) across the LMNS during 22/23 will ensure that we are in the best position to use the tools included. This strategy will also be coproduced with those who will be using the system and associated service user app.

Finally, we hope to continue to pool inspiration and ideas with our colleagues across the region to ensure continued learning and development of this ambition and approach.

**Becky Case, LMNS Programme Lead**  
**September 2022**