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Executive Summary

The Lincolnshire maternity and neonatal services need to respond to each person's unique health and social situation, with increasing support, so that care is safe and personal for all. Between October 2023 to February 2024 we spoke and engaged with over 150 families, over 50 organisations and multiple staff groups across Lincolnshire, reoccurring themes and trends were fed back to us through the engagement events.

In collaboration with all services supporting the pregnancy pathway, the Local Maternity and Neonatal System (LMNS) have facilitated a multi-agency holistic approach based on the health needs and experience of pregnant women with an aim to reduce health inequalities.

Over the next 3 years, we aim to improve equity for pregnant women from at-risk groups, including black, Asian and minority ethnicity (BAME) and those living in the most deprived areas. We will start with focussing on the largest groups experiencing the greatest inequalities and focus on smaller geographic and population groups over time. This will enable us to develop the pregnancy pathway where outcomes, access and experience are the same for all, and a working environment where all perinatal staff are treated equally.

Through embedding collaboration, and co-production in our approach, we will unlock benefits for our population, our people, and our system, these will include:

- Pregnant women consistently achieve health outcomes that are as good as those who currently have the best outcomes.
- Babies and infants consistently receive the best possible start in life.
- Staff teams having consistently high levels of support to flourish and feel satisfied in their work.
- Staff and service users proactively involved in co-production – to ensure services are matched to population need.

Through embedding equity and equality along the maternity pathway the long-term system benefits will include improved health and quality of life, and ultimately reduced demand, and reduced cost to health and social care services by giving families the best start in life.

Martin Fahy



Director of Nursing, SRO Local Maternity and Neonatal System (LMNS) Lincolnshire

Matt Gaunt



Deputy Chief Executive, Director of Finance; NHS Lincolnshire Integrated Care Board



1. About this document

Equity means that all mothers and babies will achieve health outcomes that are as good as the groups with the best health outcomes. Addressing health inequalities requires action on wider conditions that impact individuals' health outcomes such as where they were born, where they live and work, as well as the health factors. Due to this, a system approach is needed to provide equity in maternity and neonatal outcomes. The NHS cannot do it alone and support is required from the public, private and third sectors.

This Local Maternity and Neonatal Equity and Equality Strategy sets out our vision to ensure Lincolnshire Local Maternity and Neonatal System improves equity for Lincolnshire families and workforce. Understanding the challenges from Black, Asian, and mixed ethnic groups and those living in the most deprived areas. It describes our commitment to listen and work with our maternity and neonatal service users to improve services and experiences to meet the needs of those who use them, ensuring everyone receives safe and personalised care. This document has been produced by working with maternity staff and maternity services users and their families in Lincolnshire.

1.1 Our Vision

Maternity and neonatal services should be safe, personalised, kind, equitable, professional, and family friendly. Every woman should have access to information to make informed decisions and access support centred on their individual needs and circumstances. By doing this we will reduce inequalities and increase outcomes for all women and babies to have a best start in life.



Equality



Equity



Remove the Barriers!!

1.2 Equity and Equality Needs Assessment Process

The Lincolnshire Equity and Equality needs assessment was conducted in direct response to the [NHS 2021/22 priorities and operational planning guidance](#). Supporting the [Local Maternity Transformation plans developed in 2016](#). The [MBRRACE-UK reports](#) that maternal and perinatal mortality worse outcomes are for those from Black, Asian, and mixed ethnic groups and those living in the most deprived areas. There is strong evidence highlighted in the [NHS People Plan](#) that: "...where an NHS workforce is representative of the community that it serves, patient care and...patient experience is more personalised and improves". If equity for mothers and babies is to improve, so must race equality for staff. The NHS has therefore set out two aims for maternity and neonatal care:

The two aims can be found [here](#):

1. Equity for mothers and babies from Black, Asian, and mixed ethnic groups and those living in the most deprived areas
2. Race equality for staff

In addition to these two aims, further local priorities have been identified to meet the needs of the Lincolnshire population.

2. Introduction

2.1 Lincolnshire: Our Area

[Lincolnshire](#) is one of the largest counties in England, boasting a diverse landscape of sandy beaches, lush woodland, rolling fields, Britain's Best Small City, and traditional English seaside resorts. It is predominantly rural with poorly developed road networks, no motorways and little dual carriageway and 80 miles of North Sea coastline. Large areas of land in the county are used for agriculture, and the main employers in the county are in agricultural, food processing, road haulage, logistics and the NHS. There are many military bases in Lincolnshire, the two main frontline bases are RAF Coningsby and RAF Waddington. Other stations include RAF Cranwell and RAF Digby which houses RAF, Army and Royal Navy personnel including United States forces, and there are two Army Barracks which are Sobraon Barracks in Lincoln, and Prince William of Gloucester in Grantham.



‘As a rural and coastal county, Lincolnshire faces a series of interlinked challenges, including sparsity, poor transport and digital infrastructure compared to urban counterparts contributing to social isolation. People have to travel further to access services and many communities have limited or no mobile phone and broadband coverage.’

Professor Christopher Whitty – Chief Medical Officer for England

Lincolnshire has 1 upper tier local authority; Lincolnshire County Council, 7 district councils and 1 NHS Integrated Care Board.

Lincolnshire borders several counties and residents can access care in any of these areas:

- North East Lincolnshire
- North Lincolnshire
- South Yorkshire
- Nottinghamshire
- Leicestershire
- Rutland
- Cambridgeshire
- Norfolk

2.2 Lincolnshire: Our People

Lincolnshire: Our Population

According to the 2021 census, Lincolnshire has a population of 768,364 residents as shown in figure 1.

Since the previous census in 2011, the population has increased by 54,700 (7.7%) and is predicted to increase by a further 10% between now and 2041 with around 30% of the population expected to be aged over 65 by then. Residents are spread across the city of Lincoln, market towns as well as rural and coastal areas.

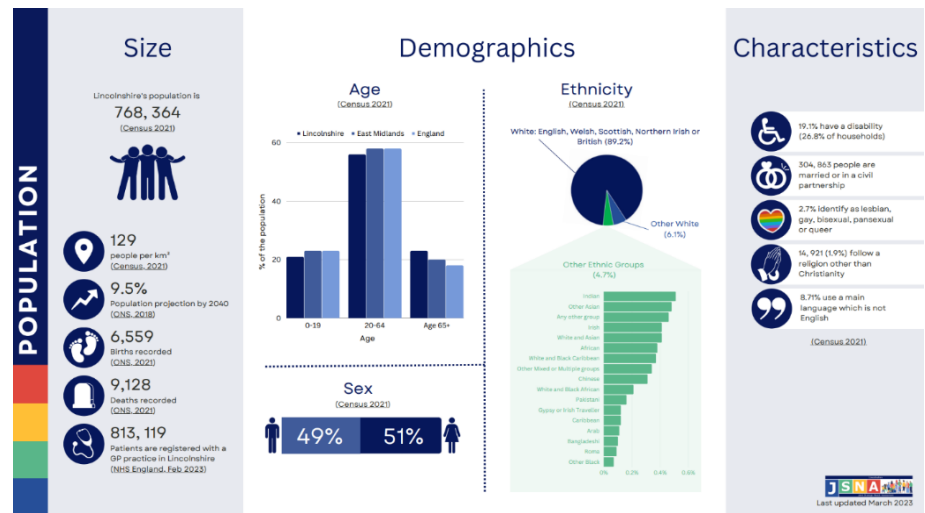


Figure 1

Lincolnshire: Health & Well Being

Socially the county is diverse too, having some of the most affluent and most deprived areas in the East Midlands. Our population is older than the English average and we have proportionally more adults aged over 75 as shown in figure 2. 48% of people living in Lincolnshire live in rural areas compared to the national average of 18%.

Figure 2 also identifies the pattern of deprivation across Lincolnshire matches the national trend with the urban centres and coastal areas showing higher levels of deprivation than other parts of the county.

Resort towns, such as Skegness and Mablethorpe, are among the 10% most deprived localities in England. Consequently a notable proportion of women in these areas rely on public transport which presents specific issues for some women accessing maternity care from rural Lincolnshire.

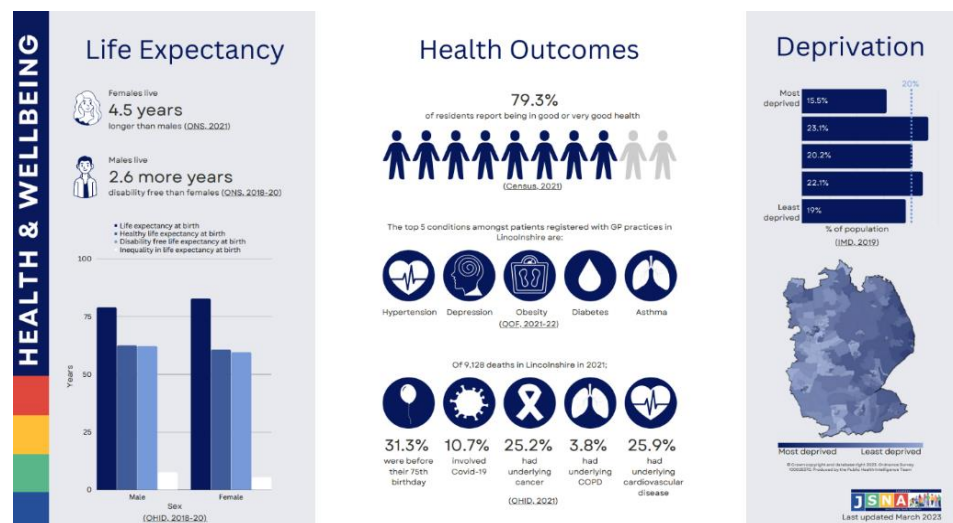


Figure 2

Boston and the surrounding area have a large Eastern European population with 18.1% of the population reporting their country of birth as being in Eastern Europe in the 2021 Census. Noting this is a significant increase from 10.6% in 2011.

Lincolnshire: Maternity and Neonatal Population

The number of births to Lincolnshire women continues to fall year on year as shown on figure 3, with 6,165 births recorded in the year 2022-23. As outlined, the unique geography of Lincolnshire results in a number of Lincolnshire residents accessing their antenatal care and giving birth at a hospital outside of the county. The table and map in figure 3 show the most dominant hospital accessed by geographical area. In addition, high risk neonates born within the county are cared for at specialist centres outside Lincolnshire.

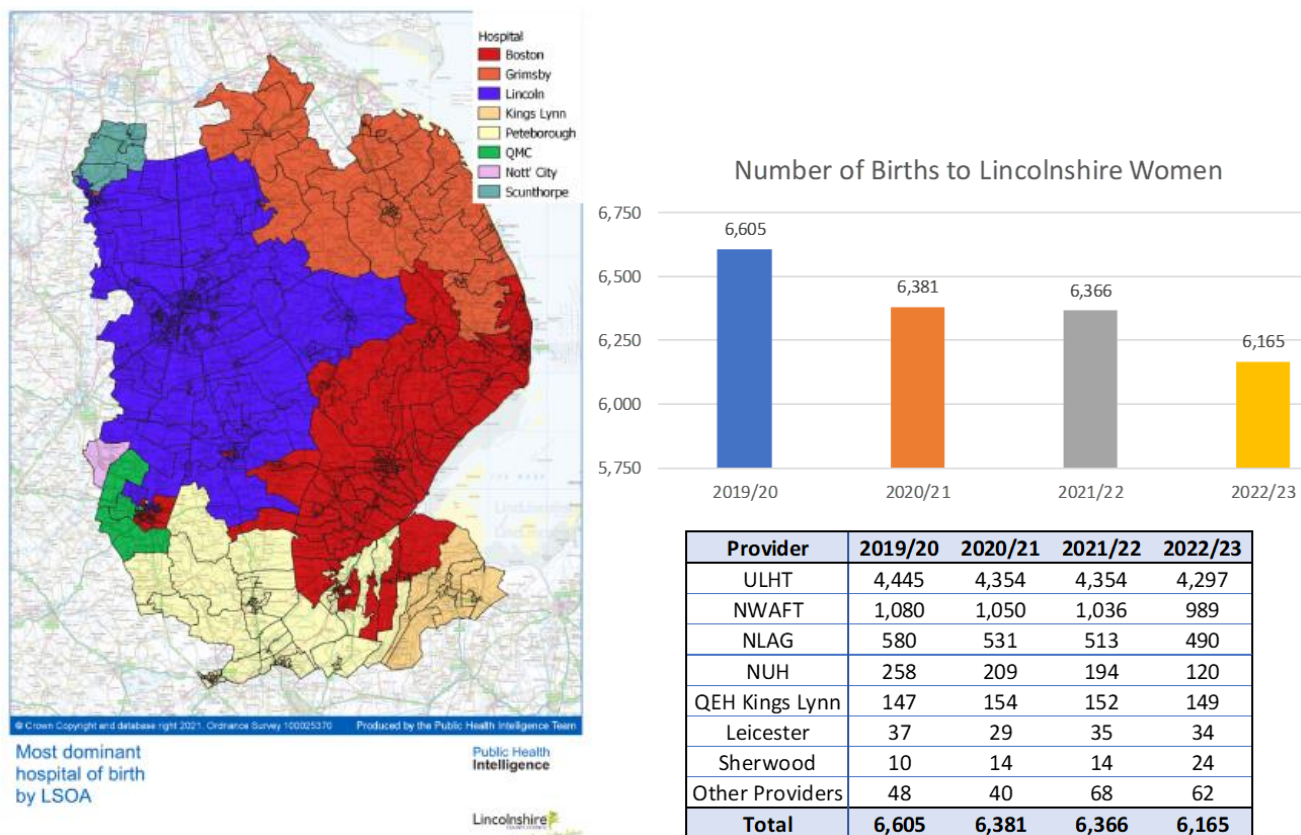


Figure 3

- Ethnicity of mothers illustrates that the percentage of deliveries to mothers from Black, Asian and mixed ethnic (BAME) groups in Lincolnshire is significantly lower than the average for England and East Midlands Region, although steadily increasing.
- Nationally there is a correlation between the proportion of babies born to BAME groups and the level of deprivation. The higher the level of deprivation, the higher the proportion of babies born to BAME mothers. However, this is not reflected in Lincolnshire.
- Levels of deprivation show that the rural, coastal areas of the Boston and East Lindsey Local Authorities are amongst the most deprived areas of the county. This is particularly seen around the coastal towns of Mablethorpe and Skegness which are in the top 10% most deprived areas in the country and consequently, a notable proportion of women in these areas are reliant on public transport.

Lincolnshire: Maternity & Neonatal Health & Well Being

The population analysis in figures 4 and 5 demonstrate some key statistics and inequalities to focus on from a Lincolnshire perspective. Due to the geography of Lincolnshire and the location of maternity services in neighbouring areas there are challenges around data collection. Therefore, some of the statistics shown in figure 4 refer to the whole Lincolnshire maternity population whilst some just refer to those receiving their maternity care under United Lincolnshire Hospital Trust (ULHT) shown in figure 5. (All data shown is the most current publicly available)

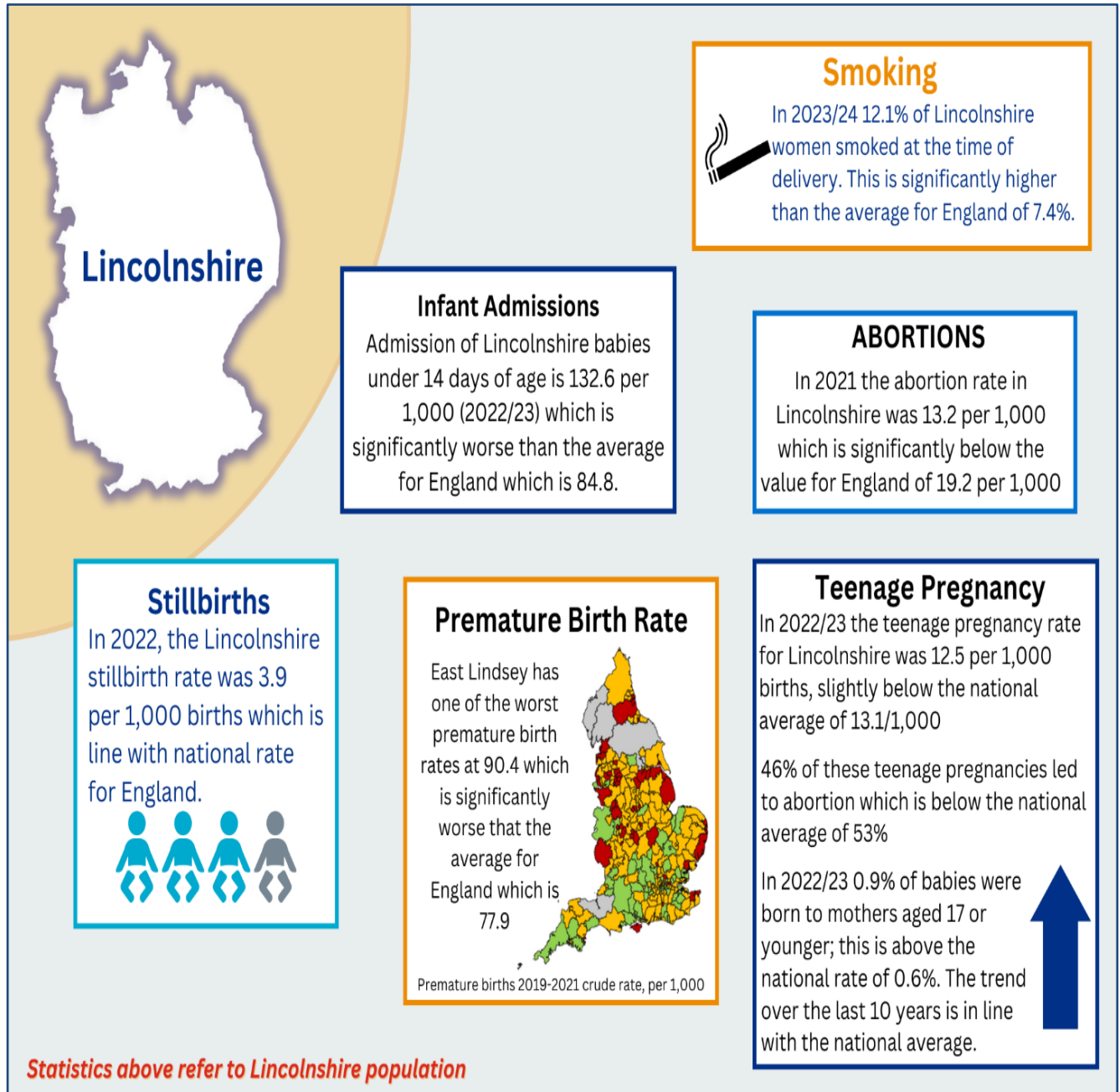


Figure 4

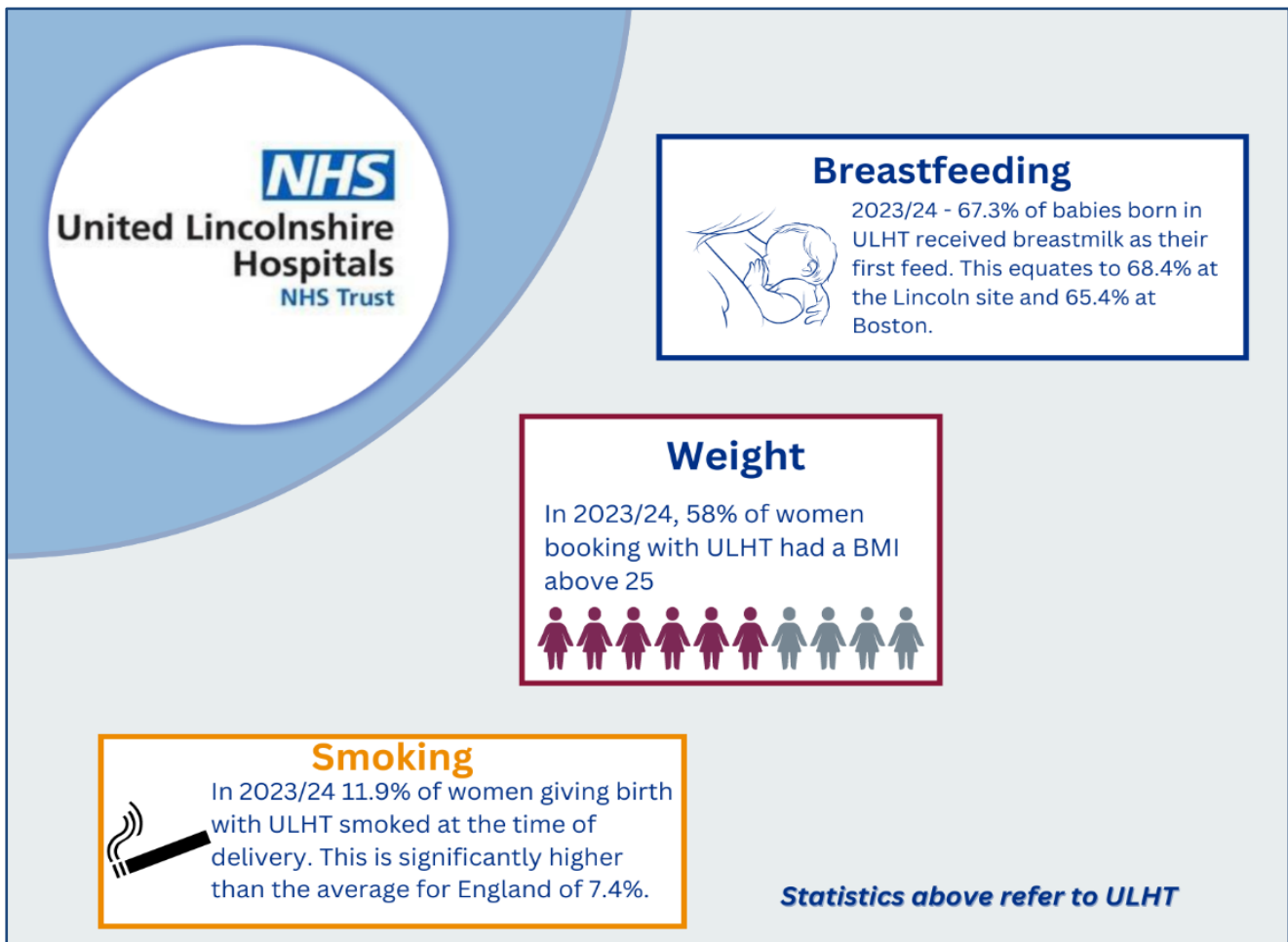


Figure 5

- High levels of women continuing to smoke throughout pregnancy
- Increasing levels of obesity and diabetes
- Increasing number of women experiencing Mental Health issues
- Lower than average breastfeeding rates

2.3 Lincolnshire: Our Local Maternity and Neonatal System (LMNS)

The Lincolnshire Maternity and Neonatal System (LMNS) brings together all partners who are involved in providing and organising maternity and neonatal care, including the maternity and neonatal voice partnership who independently represent the voice of families.

We believe that maternity and neonatal services should be safe, personalised, kind, professional, equitable and family friendly. Every woman should have access to information to make informed decisions and access support centred on their individual needs and circumstances.

Different populations have risk and protective factors. Therefore, different approaches are needed for different populations: one size does not fit all.

The Lincolnshire maternity and neonatal system need to respond to each person's unique health and social situation, with increasing support, so that care is safe and personal for all.

The LMNS members include:



- Maternity & Neonatal Voices Partnership (MNVP)
- Lincolnshire NHS Integrated Care Board (LICB)
- Maternity & Neonatal Programme Team
- United Lincolnshire Hospitals Trust (ULHT)
- Lincolnshire Partnership NHS Foundation Trust (LPFT)
- Lincolnshire NHS Community Health Services (LCHS)
- East Midlands NHS Neonatal Operational Delivery Network (EMNODN)
- Lincolnshire County Council (LCC)
- East Midlands Academic Health Science Network
- NHS East Midlands Ambulance Service (EMAS)
- Maternity & Newborn Safety Investigations (MNSI)
- Healthwatch Lincolnshire

LMNS Priorities

Underpinned by the [NHS England Three Year Delivery Plan](#) for Maternity and Neonatal Services which includes the [Equity and Equality guidance](#) for local maternity systems, our priorities are:

Listening to women and families

Supporting our workforce

Developing and sustaining a culture of safety

Meeting and improving standards and structures

This is further supported by [NHS Lincolnshire Joint Forward Plan](#) preconception, infancy, and early years priorities:

- Provide high-quality midwifery and children's services that support mums, babies, and little ones to get the best start in life possible.
- Increase the number of babies and infants vaccinated and immunised against diseases, especially those from deprived groups or ethnic minority communities.
- Encourage more people planning a pregnancy to take folic acid supplements and stay fit and well before and after pregnancy.
- Reduce smoking during pregnancy and increase the number of smoke-free homes.
- Help parents and young families to stay active, eat well and look after their health.
- Support more mums to breastfeed and increase breastfeeding rates at six to eight weeks.
- Increase the number of people accessing mental health services and support good relationships between parents and infants.

How we measure our progress

- We will measure our progress in the following ways:
 - Reducing the number of still births
 - Reducing the number of neonatal deaths
 - Reducing the number of maternal deaths and brain injuries
 - Decrease the number of babies born at a low birth rate (<2,500g for term babies)
 - Decrease the number of deliveries under 37 weeks
 - Decreasing the smoking at time of delivery rate
 - Increase breastfeeding rates
 - Ability to measure these indicators by ethnicity and index of multiple deprivation (IMD)

To Note: Equity and Equality for neonatal services is being led by [Operational Delivery Network](#) (ODN). Further information can be obtained from ODN and Lincolnshire dedicated Neonatal Project Lead.

2.4 Projects Supporting Equity and Equality in our Communities

Military

A bespoke service was established in July 2022 to aid military, ex-military, and reserve forces families living on or around bases in Lincolnshire.

This scheme, being the first of its kind in the country, has successfully addressed issues to improve the maternity journey for Military pregnant women and their families caused by postings, separation from loved ones, and deployment. This work has increased collaboration between the NHS and Military Armed Forces and improved continuity of health care for pregnant women and their families.

“This whole experience made me feel less anxious about leaving my partner and baby so soon after the birth for deployment.”



The project ensures that military and ex-military families in Lincolnshire receive fair, safe, and continuous maternity and neonatal healthcare, in accordance with the Armed Forces covenant. Offering knowledge, support, and connections to healthcare providers. These are families that are planning a

pregnancy, are pregnant or have had a baby, from conception to reception. This includes those that have lost a baby through miscarriage or still birth, as well as fathers who need help supporting their family.

In 2023, The Lincolnshire Military Maternity Project were the winners of an Health Service Journal (HSJ) award for ‘Military and Civilian Health Partnership Award’ , The [HSJ panel](#) commented how they ‘felt that this team presented an outstanding project that provides an innovative approach to care within their identified target group’.



Stop Smoking Team (STAAR – Smoking Team, Action, Advise, Refer/Results)



Protecting a baby from tobacco smoke is one of the best things to give a child a healthy start in life. Smoking is also the “single largest driver of health inequalities in England” ([action on smoking and health, 2018](#)). Smoking is an addiction, and it can be difficult to stop, but it is never too late to quit. Evidence shows that with specialist support, smokers are three times more likely to succeed than going it alone. The STAAR (Stop-smoking Team– Act, Advise, Refer/Results) programme, is an NHS specialist tobacco dependency programme for pregnant women. The new service launched in a phased approach, early in 2023, and now supports all pregnant women and their families as part of maternity care received by United Lincolnshire Hospital Trust.

Jane had tried to stop smoking before but said she found it easier with the support of the 'amazing' STAAR team and now never wants to smoke again!

Jane would recommend that anyone who is pregnant, and smoking should access support from the STAAR team.

International students

The University of Lincoln contacted the Lincolnshire Maternity and Neonatal programme team about concerns they had for pregnant international students who had enrolled to study at the university or student’s dependants who were pregnant. They wanted to ensure the wellbeing of the pregnant women, and to make sure they were aware of the care and support available to them through the NHS maternity pathway.

The midwifery team at United Lincolnshire Hospitals, the Lincolnshire Maternity and Neonatal programme along with the Lincolnshire Maternity and Neonatal Voice Partnership are now working together to build relationships with international students at the University of Lincoln to make this happen. By identifying the different community groups and professional services that the international students’ access within the university, we have started to develop pathways where we can engage with the international community. Relationships with the Campus Health Centre and the Student and Wellbeing Centre have now evolved so that we meet monthly as a group to share information to help improve the health care for all students.



It was agreed that initially engagement with the students would be face-to-face, to build trust and communication with the students. Hosting stands attendance at open days, conferences, and other campus events. Once these relationships are established, follow up with a survey to gather feedback on students/dependants’ experiences of using maternity and neonatal services.

Family and Baby (FaB) Project

The Family and Baby support service was introduced into Lincolnshire Neonatal Services approx. 2012 as a direct response to parental concerns about support provision for families.



- ✓ Emotional support
- ✓ Preparing for discharge
- ✓ Signposting to other relevant agencies
- ✓ Offering advice and assistance in budgeting and seeking financial help
- ✓ Helping parents to network and make friends
- ✓ Ongoing support once home
- ✓ Transition to other support agencies.



None of the concerns related to nursing or medical care received, but all the parents commented that having a baby on the neonatal unit immediately raised emotional, financial, and social issues. They felt they had received insufficient support in dealing with these concerns during their baby's stay on the unit, and that this had had a significant impact on their families' lives.

FaB workers are non-clinical staff employed by Lincolnshire County Council working in partnership with maternity services. This initiative started with one member of staff, 1 day a week on each of the Neonatal units, but through Family Hub funding in June 24 there are now 4 fulltime workers to ensure neonatal families are supported. Where there is a risk during pregnancy FaB workers will also engage with families antenatally.



The FaB workers work directly with families on the units and hand holds them into the services of the children centres ensuring they do not miss the opportunities of other families.

Translation

To provide safe, personalised, equitable and family led care to women, and their families, they should have access to information in an understandable format and/or language. Enabling informed decisions and access support centred on their individual needs and circumstances. Our engagement highlighted translation as an area of concern, particularly when interpreters were not available for the language required and/or at the time needed. This impacts both staff and patients.



As a temporary solution, to reduce language barriers where possible we have worked with the maternity staff to provide maternity wards with a set of Cue Cards which contain key phrases used by staff on a day-to-day basis. We have also included a set of emergency phrases which are vital when communicating with pregnant women in an emergency when a translator is not always available. This is a priority area and further work is ongoing to find a solution that meets the needs of women, their families, and the workforce.

Latch-On Lincolnshire

Parents in Lincolnshire showed their support for National Breastfeeding Celebration Week, 25 to 29 June 2024, by becoming the new faces of our breastfeeding drive, #LatchOnLincolnshire.

Breastfeeding
Let's talk about it

NHS

Did you know?
Breast milk is always ready and at the perfect temperature.

Breast milk is amazing!

betterbirthlincolnshire.co.uk
Better Births Lincolnshire
@betterbirthlincs

SCAN FOR BREASTFEEDING SUPPORT

#LatchOnLincolnshire

Lincolnshire
Lincolnshire
Lincolnshire

Despite the proven benefits of breastfeeding for both mother and baby, many mothers in Lincolnshire still do not breastfeed. #LatchOnLincolnshire seeks to encourage more women to breastfeed and provides a new online resource to support them in overcoming any challenges they face. Statistics shows that the number of women breastfeeding in Lincolnshire is below the national average, with only 66% of newborns receiving breastmilk as their first feed compared to the regional average of 70%.

The breastfeeding journey is not always easy for some mums, with only 43% of Lincolnshire women continuing to breastfeed after 6-8 weeks, lower than the national average of 49%. Which is why improving breastfeeding rates in Lincolnshire is a high priority.

"I was thrilled to be a part of the breastfeeding drive as I have breastfed all four of my boys and have had many struggles and failures along the way, so I understand first-hand how difficult it is but also how rewarding it can be at the same time," explains Lucy Simmons (34), from Skegness, one of mums who has taken part in the new initiative.

"I believe breastfeeding is so valuable for our children and with the right support and information, can be achieved by so many more mothers. Breastfeeding creates a connection with your baby that secures such a special bond."



Community Hubs

Community maternity hubs within Children Centres address social determinants of health. The coast of Lincolnshire experiences significant deprivation and has an underdeveloped transport infrastructure which makes access to services difficult.



A group of young mothers in Skegness got in touch with the Lincolnshire Local Maternity and Neonatal System (LMNS) to say that travel was difficult and that they wanted maternity services closer to home. Lincolnshire LMNS responded - engaging with staff and parents, to map demand to select the community hub sites.

Two of the six community maternity hubs are in isolated coastal towns; Skegness and Mablethorpe enhancing NHS maternity services and bringing together services to support families in the local community.

The use of existing NHS or Local Authority sites meant that community maternity hubs were more likely to be sustainable. Working parties were set up to develop each site and ensure community hubs reflected to meet the needs of the local communities. As well as providing maternity and health visiting services, the hubs address the social determinants of health, providing training and employment advice, childcare and early education.

Recognising their importance in addressing health inequalities, community hubs remained open throughout the COVID-19 pandemic; 1,170 families accessed midwifery care from the hubs between January and March 2020, with 40% of these families also accessing community hub services after birth.



Lincolnshire Children Services is rated 'Outstanding' by Ofsted and was one of the 75 Local Authorities to be awarded Family Hubs funding. 10 of the 48 children centres in Lincolnshire are now Family Hubs and continue to work in partnership with maternity services in providing care closer to home for Lincolnshire families. Family Hubs now offer additional support for breastfeeding through the programme and individual offer, as well as breastfeeding groups supported by health professionals, peer supports and parent volunteers. A collaborative approach to complex breastfeeding has now been developed between the Maternity and 0-19 services which includes Health Visitors trained as lactation consultants across the county.

Dad Pad / Co-Parent Pad

Lincolnshire Maternity and Neonatal System programme and local stakeholders have worked closely with the organisation 'DadPad' to provide new parents with knowledge and practical skills, helping to ensure they get the best possible start in life. The Dadpad resource comes in both a hard copy and app version ([Apple store](#) or [Google play](#)), with four different editions: Quick Read, Essential Guide, Neonatal and most recently the Co Parent Pad.



We have allocated copies to multiple organisations, charities and staff groups within Lincolnshire including Children Centres, Hospital wards and our Military Care Navigator within our Maternity and Neonatal Transformation Team who works directly with multiple military families. We have received great feedback from both families and staff about the support they provide, which are inclusive of all parents.

Better Births Lincolnshire Website



The [Better Births Lincolnshire website](#) has been redeveloped to serve as a central hub offering both local and national resources covering various stages of pregnancy, from pre-conception to post-birth. Collaborating with partners across the Local Maternity and Neonatal System (LMNS), and working alongside the families of Lincolnshire, the team ensured the website offers comprehensive information tailored to families' needs delivered in a clear and simple manner and is available in different languages.

The new website was published in April 2023 and officially launched in December 2023 through a targeted mail campaign across Lincolnshire including to all GP practices and Children's Centres. A social media campaign ran throughout December 2023 which included a series of brief screen recordings illustrating website navigation. As a result, there was a boost of 44% increase in website traffic, which continues to increase. Feedback received regarding the new website has been positive and the team continues its development with the assistance of families and system partners, including the Maternity and Neonatal Voices Partnership.

Communications and Engagement

The Lincolnshire Maternity and Neonatal programme is committed to providing safe, personalised, and equitable care to all mothers and babies.



We have great collaborative working with stakeholders which provides enriched data, helping to deliver meaningful activities; we aim to actively engage with the families of Lincolnshire as well as our partners who work within the Lincolnshire Local Maternity and Neonatal Systems (LMNS) alongside the Lincolnshire Maternity and Neonatal Voice Partnership.

The engagement serves to shape services in a way that ensures a lasting positive impact on the community. By enabling communication and involvement with families and professionals, we can ensure we provide the services that meet the needs of the population we serve. Using digital media platforms, patient involvement activities, by



strengthening community and media relationships, the LMNS programme will be able to provide the pathways to reach families from different socio-economic backgrounds and cultures. Targeting those voices that have we often do not hear from, known as seldom heard voices, enabling them to voice their views and needs and contribute to shaping plans about our services. This commitment to engagement and collaboration not only enhances the quality of care we provide but also promotes a sense of involvement and empowerment within the community.

We do this by:

- ✓ Listening to families to understand their needs.
- ✓ Working closely with communities to identify and amplify those who seldom engage with the service.
- ✓ Supporting our workforce by keeping them informed and providing opportunities for them to have a voice.
- ✓ Educating by sharing the right messages, in the right way, to the right people.
- ✓ Developing and growing, responding to the needs of families in Lincolnshire.
- ✓ Sharing information with the Lincolnshire Maternity and Neonatal Voice Partnership.



Maternity and Neonatal Voice Partnership

A Maternity and Neonatal Voice Partnership (MNVP) is independent and listens to the experiences of women and families, bringing together service users, staff, and other stakeholders to plan, review and improve maternity and neonatal care.

Since 2016, there have been several major independent investigations into serious harm caused by maternity and neonatal services including: University Hospitals of Morecambe Bay NHS Foundation Trust; Shrewsbury and Telford Hospital NHS Trust; and East Kent Hospitals University NHS Foundation Trust to name a few.

An overarching theme of all these reports is a failure to listen to service users, this is why MNVPs are so important.

MNVPs ensure that service users' voices are at the heart of decision-making in maternity and neonatal services by working collaboratively with provider Trusts leadership team and liaising with the Local Maternity and Neonatal System (LMNS). Which consequently feeds into NHS Lincolnshire Integrated Care Board (LICB) informed decision-making.

Effective MNVPs (such as Lincolnshire's) reflect the ethnic diversity of the local population by reaching out to seldom heard groups, including those most at risk of experiencing health inequalities, parents with experience of neonatal care, travelling communities and bereaved families to name a few.

The Lincolnshire MNVP has an easily accessible and ongoing way to gather feedback in the form of an online surveys. Alongside this, social media is used to primarily engage with and gather insights from families in their community about their experiences of maternity and neonatal care.

Feedback is regularly analysed, and the data reported into provider Trust governance systems and used to influence improvements of the service.

The Lincolnshire MNVP also includes a wonderful team of passionate MNVP volunteers who represent and reach out to local pregnant women and their families to gather feedback on their experiences. Some volunteers also collaborate with the providers to support service improvements based on the voice of our service users.



We are the group you can share your maternity experiences with

- How did you/your partner find the services when you were expecting your baby?
- What was your experience like in hospital?
- How about after your baby arrived and the support given to you and your young family?

We would love to hear all about your maternity journey - what worked well or not so well?



Scan the QR code above to complete our survey.
All responses are anonymous but really make a difference in helping to shape the maternity services in Lincolnshire.



3. 'What Matters to You' Roadshows

The Lincolnshire Maternity and Neonatal programme hosted a series of public and staff engagements titled, 'What Matters to You' targeting areas of deprivation and high population density across the county. Families 'walked the pregnancy pathway journey' whilst meeting services, including non-medical services such as financial support, gambling support and addiction support to name a few, they received advice and shared their experiences and views. Staff only engagements events took place with maternity and neonatal staff across the system to better understand the needs and challenges from a staff perspective; all events spanned from October 2023 to February 2024 having two purposes:

- To engage with families and professionals and hear their thoughts and priorities regarding all aspects of the maternity and neonatal pathway
- To showcase and raise awareness of services available to support families from pre-conception to reception



In collaboration with:

3.1 Trends and Themes

The Lincolnshire Maternity and Neonatal programme have spoken and engaged with over 150 families, over 50 organisations and multiple staff groups across Lincolnshire, recurring themes and trends were fed back to us through the engagement events. Further information is on the [Better Births Lincolnshire website](#). Primary feedback themes are below:

Public feedback:

| | |
|-------------------------------|---|
| Appointment delays | Long waits in antenatal clinics can be difficult to manage, especially if childcare is a consideration. Long delays can also be problematic for those taking time out of their working day, having a knock-on effect with their job, parking costs, public transport accessibility and childcare. |
| Childcare | Same as above, childcare can be troublesome either if a single parent, or if one parent is working when an appointment is taking place. |
| Lack of support for baby loss | Limited support for those who have suffered a baby loss and felt alone with their experience. |
| Parking | Lack of parking spaces available at hospitals and are costly, especially when appointments are delayed. |
| Translation | Barriers between patients and staff when waiting for a translator can lead to an anxiety inducing experience, where patients and staff are left feeling uncomfortable. |
| Transport | Public transport is extremely limited across Lincolnshire, rural areas on the outskirts of Lincolnshire have timely journeys to and from appointments which can take up to over an hour each way. Bus and train times are not always frequent. |

Staff feedback:

| | |
|----------------------|---|
| Recruitment of staff | Rural areas such as Boston, has issues retaining midwives, due to the travelling, and accommodation is not always possible. |
| Translation | Barriers between staff and patients when waiting for a translator offering a less positive patient experience. |

4. Action Plan

4.1 Action plan overview

The action plan has been created considering the national equity and equality guidance for local priorities and the local intelligence we have gathered; this includes the feedback we have received from families and staff.

The action plan is reflective of the knowledge at the time of its publication. Providing equity and equality to improve outcomes, reduce health inequalities and give children the best start in life is an on-going commitment we have to Lincolnshire families. Therefore, additional actions and projects may be added to the plan where further needs are identified. For further information, to provide feedback or to be involved please contact ICB.betterbirth@nhs.net.

Priority 1: Restore NHS Services Inclusivity

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| Not started | In progress | Due | Overdue | Closed |
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| Description | | | | | | | Outcome indicator | |
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| At national level, the decline in access among some groups during the first wave of the pandemic broadly recovered in later months. Some pre-existing disparities in access, experience and outcomes have widened during the pandemic. | | | | | | Implementation of the COVID-19 four actions | Women and birthing people using folic acid | |
| Intervention | Covid-19 four actions | No. | Action | Key Milestone/ description | Person responsible | Target date | RAG | Metrics for success |
| Intervention 1: Continue to implement the covid 19 four actions | 1. Increase support for at-risk pregnant women and birthing people – for example, make sure clinicians have a lower threshold to review, admit and consider multidisciplinary escalation in women and birthing people from ethnic minority groups | 1.1 | Ensure all key stakeholders within Lincolnshire receive and implement relevant covid 19 guidelines | Distribute information to the trust, PCN's and wider stakeholders across Lincolnshire. Obtain assurance through Quality and Safety meeting | LMNS Lead Midwife | On-Going | | |
| | | 1.2 | Additional support for pregnant women within vaccination centres | Priority given to pregnant women at vaccination centres | ICB lead for Vaccinations | Complete | | ICB review uptake of Covid vaccinations in pregnant population on a quarterly basis |
| | | | | Midwives placed in vaccination hubs so pregnant women can discuss concerns prior to receiving vaccine | ICB lead for Vaccinations | Complete | | ICB review uptake of Covid vaccinations in pregnant population on a quarterly basis |
| | | 1.3 | Continued communication between all service providers | PMO representation at bi-monthly Covid Vaccination in Pregnancy meeting, including relevant communication and engagement leads across the system to ensure up-to-date and constant messaging | ICB lead for Vaccinations | On-going | | ICB review uptake of Covid vaccinations in pregnant population on a quarterly basis |
| 1.4 | Monitoring effectiveness of interventions | Assurance obtained through ICB Vaccination programme. | ICB lead for Vaccinations | On-going | | ICB review uptake of Covid vaccination in pregnant population | | |
| Intervention 1: Continue to implement the covid 19 four actions Cont'd | 2. Reach out and reassure pregnant BME women and birthing people with tailored communications | 2.1 | Virtual engagement with Lincolnshire population | Hosted Facebook Live sessions with MNVP and Consultant Midwife | MNVP and Consultant Midwife | Complete | | |
| | | | | Hosted live virtual Q&A sessions between healthcare professionals and Lincolnshire community | ICB, Consultant Midwife & Primary Care. | Complete | | |
| | | | | Video produced by Trust to be played in the Waterside Shopping Centre in Lincoln and circulated across the county | ULHT | Complete | | |
| | 2.2 | Ensure accessible information was shared with BME communities, areas of deprivation and English additional language | Information shared with all stakeholders to cascade across Lincolnshire, including areas of deprivation and BME communities. This included translated material in the top five spoken languages | ICB & PMO | Complete | | | |
| | 3. Ensuring hospitals discuss vitamins, supplements, and nutrition in pregnancy with all women and birthing people | 3.1 | Vitamins, supplements, and nutrition discussed at all pregnancy booking appointments | Mandatory field for completion at booking on MIS. This has now been added | ULHT | Complete | | Percentage of women using folic acid. |
| | | 3.2 | Communication with patients and staff within the system | Information regarding vitamins, supplements and nutrition cascaded across the system | LMNS PMO Team / ULHT/Primary Care | On-going | | Percentage of women using folic acid. |
| | | 3.3 | Monitoring effectiveness of interventions, develop project to support communication and increase uptake of folic acid | Folic acid and vitamin D uptake as an agreed LMNS priority for 2024/25 - A project plan is being developed - Indicators will be incorporated into the E&E dashboard | LMNS PMO | Long Term | | Increase percentage of women using folic acid. |
| | 4. Ensure all providers record on maternity information systems the ethnicity of every woman and birthing person, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities | 4.1 | Ensure all data can be reported by IMD decile and understand this is as part of wider maternity information data sets | See Priority 3 | | | | |
| 4.2 | | Ensure all data can be reported by ethnicity and understand this is part of wider maternity information data sets | See Priority 3 | | | | | |

Priority 2: Mitigate against digital exclusion

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| Not started | In progress | Due | Overdue | Closed |
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| Description | Process indicator | Outcome indicator |
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| Systems are asked to ensure that: <ul style="list-style-type: none"> • providers offer face-to-face care to patients who cannot use remote services • more complete data collection is carried out, to identify who is accessing face-to-face, telephone or video consultations, broken down by relevant protected characteristic and health inclusion group • they take account of their assessment of the impact of digital consultation channels on patient access. | The number of women and birthing people with a Personalised Care and Support Plan which covers: <ul style="list-style-type: none"> • antenatal care by 17 weeks' gestation • intrapartum care by 35 weeks' gestation • postnatal care by 37 weeks' gestation The numbers of women and birthing people who had all three of the above in place by the gestational dates. All indicators are available with breakdowns by ethnicity and index of multiple deprivation (source: MSDS) | None. |

| Intervention | Detail | No. | Action | Key Milestone/ description | Person responsible | Target date | RAG | Metrics for success | |
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| Ensure personalised care and support plans (PCSPs) are available in a range of languages and formats, including hard copy PCSPs for those experiencing digital exclusion | Personalised care and support plans (PCSPs): The NHS Long Term Plan asks integrated care systems (ICS) to implement PCSPs in maternity services. This tool supports and documents the conversations and decision-making process from which an agreed plan is developed that reflects a holistic assessment of the woman's health and wellbeing needs. The PCSP should set out a woman's decisions about the care and support she wants. Women and birthing people need evidenced-based information in advance of decision-making so that they are well prepared | 1.1 | Ensure Personalised Care and Support Plans (PCSP) are available to everyone | Establish, implement, and deliver planned roll out of PCSPs plans | ULHT - Maternity | Long Term | | | |
| | | | | Work with the system and technology vendors to ensure PCSP's are available in a range of languages and formats, including hard copies for those experiencing digital exclusion and consider other cohorts i.e. seldom heard voices | ULHT - Maternity | On-going | | | |
| | | | | Monitoring and evaluation of PCSPs by process indicator | ULHT - Maternity | Long Term | | | |
| | Understand barriers and mitigate against digital exclusion | 1.2 | | | Development of system report to show areas of digital exclusion | Lincolnshire Public Health / LICB | Short Term | | Document published |
| | | | | | Review access to care by different consultation channels e.g. face to face or telephone | ULHT - Community Matron | Long Term | | |
| | | | | | Understand the impact of digital consultation channels on patient access and outcomes | ULHT - Community Matron | Long Term | | |
| | | | | | Enable connectivity to facilitate remote access of community midwives | ULHT | Complete | | |
| | | | | | Offer to support families with accessing digital services, #fixingthedigitaldivide National Databank Application | LMNS/ULHT - Maternity | Medium Term | | |
| | Strengthen workforce to support the digital requirements of the maternity service | 1.3 | | | Recruit to new 'Digital Matron' post | ULHT - Maternity | Complete | | |
| | | | | | Digital Matron to develop workforce training for digital maturity | ULHT - Maternity | Long Term | | |
| | Procurement of new MIS for use within ULHT | 1.4 | | | Produce outline business case for new MIS | ULHT | Complete | | |
| | | | | | Secure funding for new MIS | ULHT | Complete | | |
| Implement new MIS | | | | | ULHT - Maternity | Long Term | | | |

Priority 3: Ensure datasets are complete and timely

Not started
In progress
Due
Overdue
Closed

| Description | | | | Process indicator | | | Outcome indicator | |
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| Systems are asked to continue to improve the collection and recording of ethnicity data. NHS England and NHS Improvement will support the improvement of data collection, including through the development of the health inequalities improvement dashboard. | | | | Safety action 2, category 9: data submitted to Maternity Services Data Set (MSDS) contains valid postcode for mother at booking in 95% of women booked in the month. <ul style="list-style-type: none"> Ethnicity data quality (source: Regional Measures Report). Safety action 2, category 10: data submitted to MSDS includes a valid ethnic category for at least 80% of the women and birthing people booked in the month. Not stated, missing, and not known are not valid records. | | | None. | |
| Intervention | Detail | No. | Action | Key Milestone/ description | Person responsible | Target date | RAG | Metrics for success |
| Intervention 1: On maternity information systems continuously improve the data quality of ethnic coding and the mother's postcode | Data quality: recording ethnicity and postcode data at booking helps clinicians and 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. NHS Resolution's Maternity Incentive Scheme supports the delivery of safer care by giving trusts a significant financial incentive to achieve 10 safety actions. Safety action 2 supports data quality improvement | 1.1 | Embed standardised Equity & Equality dashboard | Establish reporting requirements to be included on the quarterly Equity and Equality dashboard, including process and outcome indicators outlined in the Equity & Equality guidance | LMNS PMO | Medium Term | | |
| | | | | Produce Equity & Equality dashboard for review and ongoing implementation | LMNS PMO | Medium Term | | |
| | | 1.2 | Understand the key outcomes of Lincolnshire women who give birth and/or receive care in neighbouring Trusts | Discuss and agree reporting requirements and frequency with NLAG, NWAFT, NUH and Kings Lynn | ICB Contracting & Quality | Long Term | | |
| | | | | Establish mechanism to gather feedback from women and families to understand birth choice location and experience | LMNS PMO/ MNVP & System Partners | Long Term | | |
| | | 1.3 | Ensure all data can be reported by IMD decile and understand this is part of wider maternity information data sets | Work with ULH to improve the data quality of mother's postcode and the implementation of reporting by IMD decile | LMNS PMO / ULHT | Long Term | | |
| | | | | Work with wider system partners e.g. perinatal mental health, 0-19 service and early years to improve the data quality of mother's postcode and implementation of reporting by IMD decile | LMNS PMO | Long Term | | |
| | | 1.4 | Ensure all data can be reported by ethnicity and understand this is part of wider maternity information data sets | Work with ULH to improve the data quality of ethnicity | LMNS PMO/ULHT | Long Term | | |
| | | | | Work with wider system partners e.g. perinatal mental health, 0-19 service and early years to improve the data quality of ethnicity | LMN PMO | Long Term | | |
| | | 1.5 | All serious incident investigations consider the impact of culture ethnicity and language | Ensure investigations (SI's and perinatal mortality review tool) have a valid ethnic code and this is reported to the LMNS Quality & Safety subgroup to review the impact, along with the culture and language | ULHT | On-Going | | |

Priority 4a: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes, understand your population and co-produce interventions

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| Not started | In progress | Due | Overdue | Closed |
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| Description | | | | | Process indicator | Outcome indicator | | |
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| <ul style="list-style-type: none"> Understand the local population – its health outcomes and community assets. Understand staff experience, using Workforce Race Equality Scheme data. Use this understanding to plan co-production activity to design interventions to improve equity for women, birthing people and babies and race equality for staff. | | | | | None. | None. | | |
| Intervention | Detail | No. | Action | Key Milestone/ description | Person responsible | Target date | RAG | Metrics for success |
| 1. Understand the local populations maternal and perinatal health needs | It is time to review and refresh the population needs analysis for maternity services. The refresh should include an analysis by ethnic group (particularly Black, Asian, and Mixed ethnic groups) and those living in the most deprived areas. LMS should consider other protected characteristics and inclusion groups where local data and/or intelligence indicates health inequalities are present | 1.1 | Production of population analysis | Collate and submit population analysis | LMNS PMO | Complete | | Submission of population analysis to NHSE. |
| | | | Production of a co-produced target population and seldom heard voices action plan | Develop mechanisms for effectively capturing patient reported experience to understand: → BAME → English as an Additional Language/ Non-English Speaking (EAL/NES) → Deprivation → Obesity / Healthy weight / Physical activity → Additional seldom heard voices as identified | LMNS PMO / MNVP | On-Going | | |
| | | | | All women and birthing people going through the maternity pathway have access to translation services, or the required communication aid, at the required time especially in emergency situations | LMNS PMO | Medium Term | | |
| | | | | Embed the Military Maternity Navigator into system | LMNS PMO / MNVP | Medium Term | | |
| 2: Map the community assets. | Health assets are factors or resources that enhance health and wellbeing. They can be 'social capital' (networks, friendships, faith-based groups); public, private and third sector resources that support communities; physical and economic resources (such as buildings and employment); or the skills, knowledge, and capacity of residents | 2.1 | Finalise and implement community asset mapping to help address the social determinants of health. See Priority 4e, intervention 2. With a focus on what matters to residents of Lincolnshire i.e. Transport, connectivity. | | | | | |
| 3: Experience of maternity and neonatal staff by ethnicity using WRES | Human resources departments can provide WRES data for maternity and neonatal services. The data can be used to identify priorities for action and inform staff engagement processes which aim to improve the experience of staff from ethnic minority groups | 3.1 | Ensure Maternity & Neonatal staff are embedded into the EDI programme of work | Work with Nursing & Midwifery Ethnic Diversity Plan | LICB | On-Going | | |
| | | | | Work with the WRES & EDS implementation, 'People Plan Team' to ensure staff are involved in the planning | LICB | On-Going | | |
| 4. Set out a plan to co-produce interventions to improve equity | The co-production plan will outline the activity to co-produce interventions to improve equity for mothers, babies, and race equality for staff. It can be a simple list of dates, meetings, groups to be consulted and the time allocated for the consultation discussion. This allows flexibility in where co-production takes place: at dedicated meetings, through existing meetings and/or outreach activities. The groups consulted should reflect those experiencing the greatest health inequalities, as described in the population health needs assessment | 4.1 | LMNS Involvement Group to set out a co-production plan working with MNVP & Community Voluntary Services | WMTY events – seeking engagement from patients and staff | LMNS PMO | On-Going | | |
| | | | | Engaging community events to hear from families | | | | |
| | | | | Latch on Lincolnshire campaign | | | | |
| | | | | Development of co-production plan | LMNS PMO | Short term | | |
| | | | | Monitors progress of co-production plan | LMNS PMO | | | |

Priority 4b: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes. Action on maternal mortality, morbidity, and experience

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| Not started | In progress | Due | Overdue | Closed |
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| Description | | Process indicator | | | | | Outcome indicator | |
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| <p>LMNS are asked to 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.</p> | | <p>The Maternal Medicine Network is implementing the KPIs in the nonmandatory national service specification. They are broken down by level of deprivation of the mother's postcode and ethnicity</p> <ul style="list-style-type: none"> • Booking at <70 days gestation (source: Regional Measures Report) • Proportion of women with complex social factors who attend booking by 10 weeks, 12+6 weeks and 20 weeks (source: Regional Measures Report) • 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 parent members of the MNVP who are from ethnic minority groups • % of women attending the booking appointment who are from ethnic minority groups (source: Regional Measures Report) • Ethnicity data quality (source: Regional Measures Report) | | | | | None. | |
| Intervention | Detail | No. | Action | Key Milestone/ description | Person responsible | Target date | RAG | Metrics for success |
| 1. Implement maternal medicine networks to help achieve equity | Under the NHS Long Term Plan, maternal medicine networks will be established so that by March 2024 every woman in England with medical problems has access to specialist advice and care. The model service specification includes key performance indicators (KPIs) relating to outcomes and equalities and requires that information and guidance be co-produced, culturally competent and delivered through accessible channels | 1.1 | Implementation of the Maternal Medicines Network pathway | Work with Leicester to ensure pathways are in place to ensure equal access to specialised care for all women | ULHT | On-Going | | Develop outcomes framework and review KPI's to ensure appropriate access |
| 2: Offer referral to the NHS Diabetes prevention programme | Where a woman or birthing person is diagnosed with GDM, maternity services should inform their GP practice. Women or birthing people with a history of GDM should be reviewed and offered testing for diabetes postnatally and subsequent annual checks (with a glycaemic test) by their GP practice as described in the NICE guideline [NG3] diabetes in pregnancy | 2.1 | Understand prevalence of diabetes in pregnancy and the ongoing pathway | Establish mechanism to engage and gather feedback from women | MNVP / Diabetes NDPP | Medium Term | | |
| | | | | Collate and review diabetes data, including gestational diabetes, to understand the outcomes of women and babies | LMNS PMO | Medium Term | | |
| | | | | Establish diabetes task & finish group to map the diabetic pathway through to referral into the NDPP | LMNS PMO | Medium Term | | |
| | | 2.2 | Work with Diabetes Prevention Team and PCN's to improve awareness of and referrals into NDPP | Review the number of referrals to NDPP | Diabetes Prevention Team | Short Term | | |
| | | | | Ensure Diabetes Prevention Team are represented at the LMNS Transformation meetings | LMNS PMO | Complete | | |
| | | | | Review referrals to NDPP and understand mechanisms available to support the referral to the programme for women with a past diagnosis of GDM who are not currently pregnant and do not currently have diabetes | Diabetes Prevention Team | Long Term | | |
| 3: Implement NICE CG110 antenatal care for pregnant women and birthing people with complex social factors | MBRRACE-UK identified a group of women at sever and multiple disadvantages. The main elements of multiple disadvantages are a mental health diagnosis (women and birthing people with serious mental illness have a higher risk of obstetric near misses at the time of birth, emphasising the importance of integrated physical and mental healthcare before and during pregnancy for this group16), substance misuse and domestic abuse | 3.1 | Implement and monitoring of the NICE guidance CG110 | <p>Implement NICE CG110 antenatal care for pregnant women with complex social factors</p> <p>Monitoring and audit through ULHT NICE compliance process</p> | ULHT Safeguarding Midwife | Short Term | | |

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| 4: Implement Maternal Mental health services with a focus of access by ethnicity and deprivation 4: Implement Maternal Mental health services with a focus of access by ethnicity and deprivation | When implementing maternal mental health services, LMS should consider the access to them by ethnicity and the level of deprivation of the mother's postcode, in partnership with the local perinatal mental health (PMH) team. The PMH dashboard provides access data by ethnicity and deprivation | 4.1 | Understand maternal and perinatal mental health services available to women who are or have been pregnant and their needs | Establish mechanism to engage and gain feedback from women and partners. | LPFT Perinatal and Maternal MH / Patient Experience Team | Medium Term | | | |
| | | | | Review referral and outcome data for maternal and perinatal mental health services with a focus on ethnicity and deprivation | LPFT - Perinatal and Maternal MH | Medium Term | | | |
| | | | | Map maternal and perinatal mental health services and the associated criteria to identify gaps in service provision | LPFT - Perinatal and Maternal MH | Medium Term | | | |
| | | | | Gather feedback from professionals and peer support workers working with perinatal and maternal mental health services to understand referral trends and themes | LPFT - Perinatal and Maternal MH | Medium Term | | | |
| | | | | Gather feedback from women and partners to understand the impact of not having a mother & baby mental health inpatient service in Lincolnshire | LPFT - Perinatal and Maternal MH | Medium Term | | | |
| | | | | Review demand and capacity for Lincolnshire women requiring admission to mother & baby mental health inpatient unit | LPFT - Perinatal and Maternal MH | Medium Term | | | |
| | When implementing maternal mental health services, LMS should consider the access to them by ethnicity and the level of deprivation of the mother's postcode, in partnership with the local perinatal mental health (PMH) team. The PMH dashboard provides access data by ethnicity and deprivation | 4.2 | Implementation of perinatal and maternal mental health services to align to NHS Long Term Plan (LTP) | Expand perinatal mental health services as part of Long-Term Plan to cover from conception to two years | LPFT – Perinatal and Maternal MH | Complete | | | |
| | | | | Ability to record and review perinatal and maternal mental health data by ethnicity and deprivation. | LPFT - Perinatal and Maternal MH | Complete | | | |
| | | | | Quarterly updates from Perinatal and Maternal Mental Health Lead to provide update on delivery of LTP | LPFT - Perinatal and Maternal MH | Medium Term | | | |
| | 5: Ensure personalised care and support plans are available to everyone | The NHS Long Term Plan asks ICS to implement PCSPs in maternity services. Personalised care and support planning guidance: Guidance for local maternity systems describes how to implement PCSPs, including the need for a risk assessment at every contact | 5.1 | Ensure Personalised Care and Support Plans (PCSP) are available to everyone | See Priority 2, Intervention 1 | | | | |
| | 6. Ensure the MNVPs in your LMS reflect the ethnic diversity of the local population, in line with NICE QS167 | NICE QS167 asks that those from ethnic minority groups "...are represented in peer and lay roles within local health and wellbeing programmes [to] encourage uptake of services among groups that may otherwise be reluctant to get involved" and help design interventions that are relevant to the local population | 6 | Ensure the MNVPs in your LMS reflect the ethnic diversity of the local population | Engagement plan to reach out to different community groups and promote MNVP volunteer | MNVP | Medium term | | |

Priority 4c: Action on perinatal mortality and morbidity

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| Description | | | | Process indicator | | | Outcome indicator | |
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| LMS are asked to 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. LMS may consider other protected characteristics and inclusion groups. | | | | Process indicators Outcome indicators <ul style="list-style-type: none"> Placement on a continuity of carer pathway – Black/Asian women Placement on a continuity of carer pathway – women living in the most deprived areas Baby Friendly accreditation | | | Breast milk at first feed <ul style="list-style-type: none"> Low birth weight (<2,500g for term births) Deliveries under 27 weeks Deliveries under 37 weeks | |
| Intervention | Detail | No. | Action | Key Milestone/ description | Person responsible | Target date | RAG | Metrics for success |
| Intervention 1: Implement targeted and enhanced continuity of carer | Under the NHS Long Term Plan, continuity of carer is being rolled out to most women. In accordance with the principle of proportionate universalism, by 2024 75% of women from Black, Asian, and Mixed ethnic groups and a similar percentage of women from the most deprived areas will receive continuity of carer | 1.1 | Implement targeted and enhanced Continuity of Carer (CoC) pathway | Further establish implementation and roll out of CoC, as set out in the NHS Long Term Plan | ULHT | Long Term | | |
| | | | | Trial of enhanced CoC model which utilises health professionals and their associated skill mix to further support women and their families to improve outcomes. To be established in Skegness, a remote rural coastal community | ULHT / LMNS PMO | Complete | | Trial review of outcomes and establish next steps – rollout of model |
| | | | | Establish and agree project plans and deliverables to further roll out CoC | ULHT / LMNS PMO | Long Term | | |
| | | | | Governance and oversight provided through LMNS Transformation meeting | LMNS PMO | On-going | | |
| | | 1.2 | Implementing the recommendations of the Neonatal Critical Care review | Detailed Neonatal workstream action plan managed and monitored through the Neonatal workstream | LMNS PMO | On-going | | |
| | | Intervention 2: Implement a smoke free pregnancy pathway | 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. The NHS Long Term Plan is introducing a smoke-free pregnancy pathway for expectant mums and their partners that includes focused sessions and treatments | 2.1 | Implementation of smoke-free pregnancy pathway and wider interventions to reduce smoking at time of delivery | Recruitment of Lead Midwife for Tobacco Dependence | ICB Health Inequalities/LMNS PMO / ULHT | Complete |
| Establish NRT policy to enable direct supply of NRT by Tobacco Dependence Advisors | LMNS PMO / ULHT | | | | | Complete | | |
| Phase 1: Implementation of NHS Long Term Plan in-house maternity tobacco treatment service in phase one area. In-house model to deliver face-to-face sessions for first 4 weeks and a minimum of 6 times throughout the remainder of the pregnancy | LMNS PMO / ULHT | | | | | Complete | | |
| Full roll out of in-house maternity tobacco treatment service to 100% women booking with ULH | ICB Health Inequalities team / LMNS PMO / ULHT | | | | | Complete | | |
| Review the use of e-cigarettes and an incentive scheme as part of the smoke-free pregnancy pathway and present findings to Tobacco Steering Group | ICB Health Inequalities / LMNS PMO / ULHT | | | | | Medium Term | | |
| Ensure monthly submission to PLDC as per patient level data requirements and monthly KPI reporting to monitor and evaluate service delivery | ULHT / LMNS PMO | | | | | On-Going | | |
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| Intervention 3: Implement an LMNS Breastfeeding strategy | Every LMS should agree and implement a breastfeeding strategy to ensure that women have the information and support they need, when they need it in maternity services and in the community. The strategy should include an analysis of feeding trends across the LMS, identifying variation and inequalities between communities, along with actions to address them with a focus on the most deprived areas | 3.1 | Review, revise and implement the Lincolnshire infant feeding strategy | ULHT to continue Baby Friendly Accreditation within maternity services | ULHT | Medium Term | Green | Achieved BFI level 2, going for Gold Accreditation Breastfeeding rate |
| | | | | Commission the development of a Lincolnshire infant feeding strategy, working with the LMNS and key stakeholders across the system. Strategy to consider hard to reach communities and development of professional and peer support | Lincolnshire County Council – Children Services | Medium Term | Green | |
| | | | | Relaunch revised and agreed infant feeding strategy in conjunction with development of Family Hubs in Lincolnshire | Lincolnshire County Council / LMNS PMO | Medium Term | Green | |
| | | | | Recruitment of Peer Supporters to support women who chose to breastfeed | Family Hubs / LCC | Complete | Blue | |
| | | | | Establish mechanisms to monitor and evaluate the impact of the infant feeding strategy with particular focus on seldom heard voice communities and areas of deprivation | Lincolnshire County Council / LMNS PMO | Medium Term | Green | |
| Intervention 4: Culturally sensitive genetics services for consanguineous couples | Among unrelated couples, 2–3% of all births have a congenital abnormality, for first cousin couples this is around 6%. In some populations the higher risk of recessive genetic disorders accounts for some of the increased rate of congenital abnormality, infant and child mortality and serious illness | 4.2 | Consanguineous couples referred to appropriate service | Review data and Nottingham referral pathway and ensure this is embedded in service offer | ULHT | Complete | Blue | |
| | | | | Raise awareness of pathway and referral process | ULHT | Complete | Blue | |

Priority 4d: Support for maternity and neonatal staff

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| Description | | | | Process indicator | | | Outcome indicator | |
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| LMS are asked to: <ul style="list-style-type: none"> equip maternity and neonatal staff to provide culturally competent care ensure maternity and neonatal staff experience race equality in the workplace | | | | <ul style="list-style-type: none"> % of maternity and neonatal staff who attended training about cultural competence in the last two years % of maternity and neonatal Serious Incidents relating to patient care with a valid ethnic code % of Perinatal Mortality Review Tool cases with a valid ethnic code | | | <ul style="list-style-type: none"> WRES indicators 1 to 8 for midwives and nurses in maternity and neonatal services | |
| Intervention | Detail | No. | Action | Key Milestone/ description | Person responsible | Target date | RAG | Metrics for success |
| Intervention 1: Roll out multidisciplinary training about cultural competence in maternity and neonatal services | The Nursing and Midwifery Council’s standards of proficiency for midwives include those midwives “demonstrate an understanding of and the ability to challenge discriminatory behaviour to promote equity and inclusion for all” and consistently provide and promote non-discriminatory care | 1.1 | Establish and implementation of cultural competency training for maternity & neonatal staff | Work with Equality & Diversity Team to explore, review and agree the training requirements for maternity and neonatal teams | EDI Team / ULHT | Long Term | | |
| | | 1.2 | | Undertake an annual training needs analysis and making training available to all staff in line with the core competency framework | ULHT | Long Term | | |
| | | | | Monitor and evaluate training | ULHT | Long Term | | |
| | | 1.3 | Establish wider cultural training requirements for key LMNS stakeholders | Travelling community cultural awareness training delivered to staff within LMNS organisations | LMNS PMO / MNVP | Short Term | | |
| Intervention 2: When investigating serious incidents, consider the impact of culture, ethnicity and language | Maternity services should ensure that: <ul style="list-style-type: none"> the impact of parents’ culture, ethnicity and language is discussed and considered during the antenatal risk assessment process, initial assessment, and follow-up ethnicity is recorded for all serious incidents and PMRT cases investigations consider whether the impact of culture, ethnicity and language on the woman’s needs was discussed and considered during the antenatal risk assessment process, initial assessment and follow-up | 2.1 | All serious incident investigations consider the impact of culture, ethnicity and language, See Priority 3 number 1.5 | | | | | |
| Intervention 3: Implement the Workforce Race Equality Standard (WRES) in maternity and neonatal services | Of the nine WRES indicators, 1 to 8 are relevant to maternity and neonatal services. Human resources departments can support services to access data for midwives and nurses working in maternity and neonatal services; it is more difficult to ascertain WRES data for other staff groups at service level. NHS WRES experts support the implementation of the WRES; they can help LMS improve their understanding of race inequalities, embed best practice, contribute to all areas of the wider health economy and drive system change | 3.1 | Ensure maternity and neonatal staff experience race equality in the workplace | Review WRES indicators 1-8 on a yearly basis to review the experience of staff by ethnicity across the system. NB: 4/8 indicators cannot be reported at maternity and neonatal staff level Work with the Trust's Integrated Improvement Team and utilise Electronic Staff Records (ESR) to generate further reports, intelligence and co-produced actions required as part of a system approach | WRES & EDI System Group / ULHT EDI Team | Long Term | | |

Priority 4e: Enablers

| | | | | |
|--|---|--|---|---|
| Not started | In progress | Due | Overdue | Closed |
|--|---|--|---|---|

| Description | | | | | Process indicator | | Outcome indicator | |
|--|---|---|--|--|---------------------------------------|-------------|-------------------|---|
| LMS are asked to create the conditions to help achieve equity by: <ul style="list-style-type: none"> considering the factors that will support high quality clinical care working with system partners and the VCSE sector to address the social determinants of health. | | | | | None | | None | |
| Intervention | Detail | No. | Action | Key Milestone/ description | Person responsible | Target date | RAG | Metrics for success |
| Intervention 1: Establish community hubs in the areas with the greatest maternal and perinatal health needs | Community hubs help centre care around the woman and her family. Better Births recommended that community hubs “should be established, where maternity services...are provided alongside other family-orientated health and social services provided by statutory and voluntary agencies...[and] work closely with their obstetric and neonatal unit(s)” | 1.1 | Continue to monitor effectiveness and evaluate community hub model, including the number of families accessing services | Quarterly reporting to LMNS Transformation | LCC - Children's Services/Family Hubs | Short Term | | Assurance lead - monitors effectiveness and number of families accessing services |
| | | 1.2 | Develop and implement the family hub model in line with the 'Family Hubs and Start for Life programme: local authority' guidance | Submission of delivery plan for approval | LCC - Children's Services | Short Term | | |
| | | | | Engagement and updates provided at LMNS transformation on a six-monthly basis | LCC - Children's Services | Medium Term | | |
| | | | | Relevant LMNS members and stakeholders’ attendance at Family Hub Governance meetings | LCC - Children's Services | Long Term | | |
| Intervention 2: Work with system partners and the VCSE sector to address the social determinants of health | Social determinants of health: the Marmot review states: “The health of the population is not just a matter of how well the health service is funded and functions...Health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health...ethnicity intersects with socioeconomic position to produce particularly poor outcomes for some ethnic minority groups” | 2.1 | Finalise and implement community asset mapping to help address the social determinants of health | Continue to liaise with the community and voluntary sector, along with the pregnancy population, to understand services available to pregnant women and their families | LMNS PMO / MNVP | On-Going | | |
| | | | | Work with the system to identify and agree suitable platform to hold community assets for public and professionals | | | | |
| | | | | Publish community asset mapping to be available for both public and professionals | | | | |
| | | 2.2 | Continuation and expansion of LMNS involvement group | Identify system partners and VCS organisations through the community asset mapping and WMTY events to be invited to the involvement group | LMNS PMO / MNVP | Medium Term | | |
| | | | | Share intelligence and ensure representation of Lincolnshire population | | | | |
| | | | | Ensure intelligence provided to involvement group is fed back to system to steer continuous improvement | | | | |
| 2.3 | Launch and continue the 'What Matters to You' (WMTY) events inviting members of the public and partners to show case all services available through the maternity and neonatal journey and hear what matters to families | For each WMTY event, work with local communities to gather intelligence and address the social determinants of health for that area | LMNS PMO | Medium Term | | | | |
| | | Roadshows to start in areas with poorer outcomes | LMNS PMO | Medium Term | | | | |
| | | Explore other engagement opportunities to hear seldom heard voices and reach hard to reach populations | LMNS PMO | Medium Term | | | | |

Appendix

| Page numbered | Section | Document link | URL |
|---------------|---------|--|---|
| 1 | 1.2 | NHS 2021/22 priorities and operational planning guidance | https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-nhs-operational-planning-and-contracting-guidance.pdf |
| 1 | 1.2 | Local Maternity Transformation plan developed 2016 | https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf |
| 1 | 1.2 | MBBRACE-UK Report | https://www.npeu.ox.ac.uk/mbrance-uk/reports |
| 1 | 1.2 | NHS People Plan | https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/ |
| 1 | 1.2 | NHS Pledges two aims | https://www.england.nhs.uk/wp-content/uploads/2021/09/C0734-ii-pledges-to-improve-equity-for-mothers-and-babies-race-equality-for-all-staff.pdf |
| 7 | 2.3 | NHS England Three Year Delivery Plan | https://www.england.nhs.uk/wp-content/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf |
| 7 | 2.3 | Equity and Equality guidance | https://www.england.nhs.uk/wp-content/uploads/2021/09/C0734-equity-and-equality-guidance-for-local-maternity-systems.pdf |
| 7 | 2.3 | NHS Lincolnshire Joint Forward Plan | https://lincolnshire.icb.nhs.uk/documents/strategies-and-plans/joint-forward-plan/nhs-lincolnshire-joint-forward-plan-delivery-plan-2023-28/?layout=default |
| 8 | 2.3 | Operational Delivery Network | https://www.emnodn.nhs.uk/ |
| 8 | 2.4 | HSJ Panel | https://www.hsj.co.uk/hsj-awards-2023-military-and-civilian-health-partnership-award/7035907.article |
| 9 | 2.4 | Action on smoking and health, 2019 | https://ash.org.uk/resources/view/smoking-in-pregnancy-challenge-group-review-of-the-challenge-2018 |
| 13 | 2.4 | Dadpad - Apple Store | https://apps.apple.com/gb/app/dadpad/id1299225900 |
| 13 | 2.4 | Dadpad - Google Play | https://play.google.com/store/apps/details?id=com.inspirecornwallcic.dadpad |
| 16 | 3.1 | Better Births Lincolnshire What Matters to You | https://www.betterbirthlincolnshire.co.uk/wmtv |

Useful links to various reports into maternity and neonatal care:

| | | |
|--|---|---|
| NHS Three Year Delivery Plan | Saving Babies Lives v.3 | East Kent Report |
| Ockenden Report | Neonatal Critical Care Review | 2016 Better Births Review |
| BAPM Recommendations | Care Quality Commission | Lincolnshire Joint Forward Plan |

Contact and social media for Better Births Lincolnshire, Maternity and Neonatal Programme:

| | | |
|--|--|--|
| Facebook better births lincolnshire | Instagram betterbirthlinc | X (prev. Twitter) betterbirthlinc |
| Website betterbirthslincolnshire | You Tube NHS better births lincolnshire | LICB.betterbirth@nhs.net |