

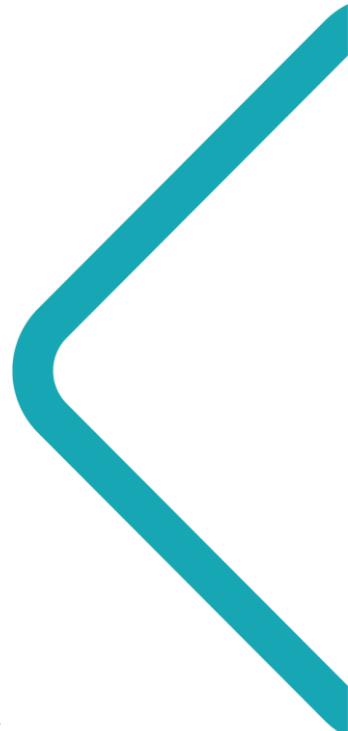


To get involved with the co-design of equitable services, please contact us
info@improvingme.org.uk

Equity & Equality Action Plan

Version 2 for online

Some information is no longer accurate. Will be reviewed by EEAP forum stakeholders.



Interdependencies & Resources

Interdependencies ICB	Interdependencies LMNS
Prof Marmot “All Together Fairer” Cheshire and Merseyside Integrated Care Board (ICB) strategic aims and vision – Health Inequalities Programme	Maternal Medicine Network
Personalised Care	Continuity of Carer (CoC) – Midwifery CoC
Workforce	Maternity Services Staff - Workforce Race Equality Standard (WRES)
Covid-19 Vaccination Programme	Improving Vaccination Uptake for Pregnant Women & Maternity Staff
Tobacco Control	Smoking in Pregnancy (SiP)
Mental Health	Perinatal Mental Health (PMH)
Estates	Community Hubs
Social Prescribing	Perinatal Pelvic Health Service
Cancer	Quality & Safety
Immunisation & Screening	Social Prescribing

Acknowledgements and special thanks to all who reviewed, commented, contributed and supported the co-production

- Women, people and their families.
- Patient Participation Groups, Cheshire and Merseyside Maternity Voice Partnership members.
- All from the Voluntary Community Faith & Social Enterprise (VCFSE) organisations and representatives from across Cheshire and Merseyside.
- Healthwatch.
- Citizens Advice Bureau.
- Peers from Health Faculties at Local Universities.
- Workforce representatives from Maternity Providers, Perinatal Mental Health Services, Primary Care networks, Commissioners, Local Authorities, Public Health and ICB Place based leads.
- North West Health Innovation Agency, Liverpool Vaccination Equity Project Team Liverpool School of Tropical Medicine.
- Place-based leads from One Knowsley, One Halton, *Continue*
- Bereavement services and organisations.
- Violence against women organisations.



Background

The Covid-19 Pandemic highlighted the urgency of the need to prevent and manage ill health in groups that experience health inequalities, which was also outlined within the NHS Long Term Plan. To help achieve this, NHS England and NHS Improvement issued [guidance](#) as part of their phase 3 response to the Covid-19 pandemic, setting out eight urgent actions for tackling health inequalities.

[The 2021/22 priorities and operational planning guidance: Implementation guidance](#) asked systems to focus on five priority areas, distilled from the original eight actions:

The NHS Equity & Equality for LMNS Guidance published in September 2021 provided further details on **Priority 4** sub-categories:

Intervention 4a.1:	Understand the local populations and co-produce interventions
Intervention 4a.2:	Map the community assets which help address the social determinants of health
Intervention 4a.3:	Conduct a baseline assessment of the experience of maternity and neonatal staff by ethnicity using WRES indicators 1-8
Intervention 4a.4:	Set out a plan to coproduce interventions to improve equity for mothers, babies, and race equality for staff

[NHS Equity & Equality Guidance for LMNS \(September 2021\)](#)

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

The C&M LMNS EEAP has been developed to improve equity for mothers, birthing people, their babies and embed race equality for NHS staff in Maternity and Neonatal settings. The EEAP contains the detail to specifically address the following requirements:

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

- **4.a** Understand your population & co-produce interventions
- **4.b** Action on maternal mortality, morbidity and experience
- **4.c** Action on perinatal mortality and morbidity
- **4.d** Support for maternity and neonatal staff
- **4.e** Enablers

Intervention 4.a.4 Set out a plan to coproduce interventions to improve equity for mothers, babies, and race equality for staff and respond to NHSEI By **30 September 2022**.

Introduction & Aims

The Equity & Equality Action Plan (EEAP) has been developed by utilizing the population data from the two Equity & Equality Analysis (EEA) submissions shared with NHSEI (NHSEI 1st - 30th November 2021 & 2nd - 31st May 2022) and via extensive engagement and feedback activities.

C&M LMNS & WHaM already have many programmes in place to reduce variation by tackling health inequalities which includes the [NHS CORE20PLUS5](#) priority clinical areas.

We have listened to women, birthing people, their families, carer's (including unpaid) maternity, and neonatal staff with the aim to use the feedback and information to **plan co-produced activity to design interventions** which transform and:

- Improve equity and reduce health inequalities for mothers and babies from Black, Asian, Minority Ethnicity, Socially Deprived and Protected Characteristic Groups
- Embed race equality for Maternity & Neonatal staff across C&M LMNS



The EEAP incorporates the Equality Act 2010 9 Protected characteristics, Carers (including unpaid) and the Armed Forces Covenant 2011 to ensure equitable access to healthcare. The EEAP priority groups are those which are directly linked to pregnancy, maternity, and neonatal outcomes:

Age	Race	Disability
Gender Reassignment	Religion or Belief	Marriage & Civil Partnership
Pregnancy and Maternity	Sex	Sexual Orientation



Addressing health inequity across C&M will require a whole system approach and action on the social determinants of health as well as the health determinants.

The LMNS will not be able to single-handedly address all the areas highlighted as priority programmes of work within the EEA and requires support from multiple system partners including public, private and third sector organisations (Examples of system partners and not limited to NHS North- West England Networks, Maternity Voice Partnerships (MVPs), Voluntary Community Faith & Social Enterprise (VCFSEs), Public Health England (PHE) & Local Authorities LAs).

*“By providing equitable care to all groups in society we can achieve health outcomes that are as good as those for the most socially advantaged group.” **Source:** Equity and equality: guidance for local maternity systems (September 2021)*

The Equity & Equality Action Plan (EEAP) details the areas requiring a system level focus to improve health inequity. These are in addition to the C&M LMNS & WHaM Vision and Programme priorities. A summary of these programmes along with detailed action plans, named leads, progress made to date, and anticipated outcomes are contained within this document.

The EEAP specifically focuses on the C&M LMNS Equity & Equality Analysis (EEA) findings and the **“All Together Fairer” Working as one to build a fairer, healthier Cheshire and Merseyside #AllTogetherFairerCM Strategy.**

The strategy was developed in partnership with the **Institute of Health Equity** and **Professor Sir Michael Marmot** who reviewed and consulted with the nine places across Cheshire and Merseyside to inform a new strategy for tackling health inequalities over the next 5 years (2022-27).

The Strategy builds on existing efforts to address health inequalities in the region and aims to develop new momentum and ensure that the most effective approaches are developed, with health inequalities prioritised by the Health Care Partnership (HCP), Local Authorities (LAs), and place-based partnerships.

The C&M LMNS/WHaM EEAP is an integral part of delivering the **“All Together Fairer” Cheshire and Merseyside Integrated Care Board (ICB) strategic aims and vision** for the region by identifying actions which can make a real difference in improving women’s, birthing people and their baby’s health and wellbeing.



Working as one to build a fairer,
healthier Cheshire and Merseyside



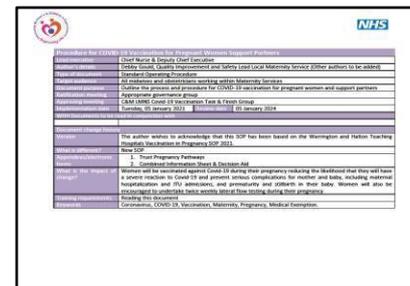
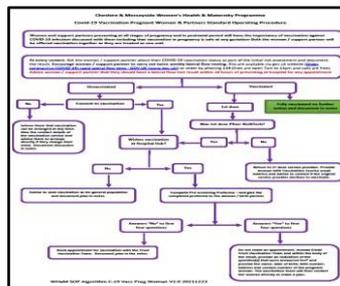
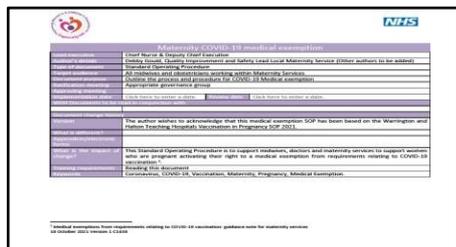
Priority 1: Restore NHS Services Inclusively - Continue to implement the COVID-19 four actions to minimise the additional risk of COVID-19 for Black, Asian and minority ethnic women and their babies

The LMNS co-produced an operational policy for the identification and management of Covid-19 risks for pregnant women, birthing people from Ethnic Minority Groups. The policy was developed March 2021 and is now superseded by the Royal College of Gynaecologists (RCOG) policies which are updated regularly and implemented by all Maternity Providers.

The LMNS has co-produced with C&M Maternity Providers Standard Operating Procedures (SOPs) which provided information on the processes staff should follow when discussing/administering Covid-19 vaccinations to pregnant women, birthing people and their partners. The SOPs include identification and management of high risk groups or women, birthing people from Ethnic Minority, Socially Deprived & Protected Characteristic groups.

Standard Operating Procedure		
Managing risk of Covid-19 for pregnant women from a Black, Asian or Minority Ethnic background		
CONTROLLED DOCUMENT	CATEGORY:	Procedural Document
	CLASSIFICATION:	Clinical
	PURPOSE:	This is a standard operating procedure (SOP) for managing risk of Covid-19 in pregnant Black, Asian and Minority Ethnic women. It includes procedures for increasing awareness of Covid-19, approaching women in various ways, and education for clinicians on appropriate review of symptoms, early intervention and reduction of risk of COVID-19.
	Version Number:	1
	Controlled Document Sponsor:	Contraception & Maternity Local Maternity System
	Controlled Document Lead:	Lead Mat Sandra Smith
	Document Authors:	Suzanne Roberts, Consultant Obstetrician J Field, Medicine, Clinical Lead CAM LMS Rita Arya, Consultant Obstetrician, Warrington & Halton Hospitals Sandra Smith, Lead Maternity, CAM LMS Shelley McLaughlin
	Approved by:	LMNS CAM Group S&C CoC March 2021
	Review Date:	October 2022
	Distribution:	This procedure applies to all practitioners and staff groups working within the CAM Maternity System
Essential Reading for:	This procedure applies to all practitioners and staff groups working within the CAM Maternity System	
Cross Reference to other documents:	RCOG: Coronavirus (COVID-19) infection and pregnancy version 13 Contraception and Menopause Local Maternity System (LMS) Strategy to reduce adverse pregnancy outcomes related to racial disparity – Version March 2021	

C-19 Operational Policy & Vaccination in Pregnancy SOPs (please click on object to open documents)



Priority 2: Mitigate Against Digital Exclusion

The C&M LMNS supported the delivery of an innovative Digital Inclusion Project.

Why?

Addressing digital exclusion. Women and birthing people need to access maternity health records, online appointments, health & wellbeing initiatives

How?

Inclusive Digital IT course Face to Face (F2F), working in partnership with a local Education provider

Who?

Women from deprived area, ethnic minorities who are digitally excluded

Individual Learning Plans -Targeting the needs of each student in the duration of the course i.e. learning difficulties, level of English language, literacy level

Outcomes – All reported positive impact on health and wellbeing along with increased awareness and confidence in using IT

Digital Inclusion Project Aims

- Trying to break the barriers of the historical community working, through engaging with women and collaborating with local community service providers via creative interventions
- Build strong, trusting relationships with local community leaders
- Raising awareness of Women's Health Services
- Increase health literacy = support in reduced infant mortality
- Tackling Social Determinants of health
- Striving to improve Maternal Mental health
- Gain a better understanding of issues and barriers women face when trying to access care
- Decrease social isolation and improve participation
- Empower the women to be self-advocating
- Support Enhanced CoC outcomes and Personalisation

Priority 3: Ensure datasets are complete and timely - Maternity information systems continuously improve the data quality of ethnic coding and the mother's postcode

Whilst developing the EEAP the LMNS identified numerous gaps within national and local data sets in relation to recording ethnicity.

Following engagement with women, birthing people and system partners it is clear that the way the NHS records ethnicity would benefit from a redesign.

NHS data sets would benefit from the inclusion of other factors to support the personalisation of care:

- Ethnicity
- Nationality
- Religion



“Being classed as ‘other’ made me feel like nothing.”

Maternity Providers Maternity Services Data Set (MSDS) is reviewed as part of providers’ submissions to the national MIS programme, each provider has a specific maternity digital strategy which outlines patient-level data from initial booking to transfer of care to primary services, such as Health Visitors, GP.

- ✓ Each provider as part of the MIS programme will self-declare compliance against this safety action.
- ✓ The LMNS will undertake an audit of data quality regarding ethnicity coding at booking, this information will be fed back into providers’ good practices and will be shared across the 7 providers.

The information is used for local and national monitoring, reporting for effective commissioning, monitoring outcomes and addressing health inequalities.

Priority 4. Accelerate preventative programmes that engage those at greatest risk of poor health outcomes - C&M LMNS Population Overview & Key Health Providers

The Cheshire and Merseyside LMNS sits within one of the largest ICS, with seven maternity providers covering a population of **2.5 million** people living across a large and diverse geographical footprint. The gender split **49%** (1.218m) male and **51%** (1.250m) female

The ICS brings together nine 'Places' co-terminus with individual local authority boundaries, 19 NHS Provider Trusts and 51 Primary Care Networks.

C&M LMS Maternity Providers x 7
Countess of Chester Hospital
Liverpool Women's Hospital
Mid Cheshire Hospitals
Southport & Ormskirk Hospital
St Helens & Knowsley Teaching Hospitals
Warrington & Halton Hospitals
Wirral University Teaching Hospital

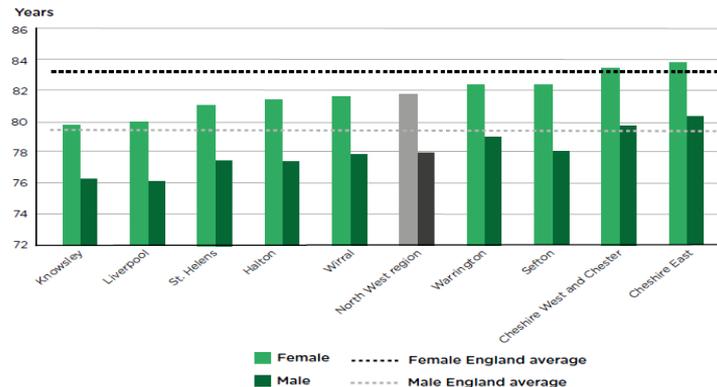


C&M Places x 9
NHS Cheshire
NHS Halton
NHS Knowsley
NHS Liverpool
NHS South Sefton
NHS Southport and Formby
NHS St Helens
NHS Warrington
NHS Wirral

There are long standing inequalities in health across C&M, as in the rest of England. Health outcomes in many areas are lower in this region compared to the national average and health inequalities within local authorities are wider. Within each of the nine boroughs of C&M, there are wide areas or smaller pockets of deprivation.

Within C&M the life expectancy across the social gradient from most to least deprived in an area, shows **women** in the least deprived decile in C&M, live, on average, **9.5 years longer** than those in the most deprived deciles, and **men** in the least deprived deciles live, on average, **11 years longer**

Estimated male and female life expectancy at birth, Cheshire and Merseyside lower-tier local authorities, North West region, and England, 2018–20



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

The C&M Health Care Partnership (HCP) developed population health infographics for 8 of the 9 places (Southport & Formby are included within Sefton) to engage with the public and easily show what each place would look like if it was a village of 100 People.

By understanding the physical well being of our population will provide opportunities to influence pregnant women/birthing people in all aspects of health including foetal development (via epigenetic processes) and thus tackle the origins of adult disease.



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

By 2026 the population across Cheshire & Merseyside is expected to increase by **5%** (125,000) to **2.65 million**. Currently there are **452,162** women of childbearing age (between the ages of 16 – 45 years) resident across the LMNS and a **5%** increase predicts **22,608** more women of childbearing age who may require Maternity and Neonatal Services across the LMNS.



4a.1 Understand the local populations maternal and perinatal health needs (in determinants of health) – Summary of Findings

- C&M have high levels of social deprivation with a third of pregnant women living in the **10% most deprived** Local Super Output Areas (LSOA)
- **44%** of the population in the Liverpool City Region live in the top **20%** most deprived areas in England
- **26%** children (0-15 years) live in poverty compared to England average of **15.6%**
- It is well documented through evidence-based research that social deprivation has a direct impact on maternal health and foetal development with low birth weight associated with poorer long-term health and educational outcomes
- **8.15%** of the C&M population are from Black, Asian, or Minority Ethnic backgrounds, with a fifth recording English as their second language.
- **9.1%** of pregnant women are from Black, Asian, or Minority Ethnic backgrounds
- Women and babies from Black, Asian, and Minority Ethnic backgrounds are disproportionately likely to die during pregnancy and childbirth and, during the COVID-19 pandemic; a study has shown **55%** of pregnant women admitted to hospital with coronavirus were from a Black, Asian, and Minority Ethnic background.
- Before the COVID-19 pandemic, **MBBRACE (2019)** identified that women from Black, Asian and Minority Ethnic communities are more likely to die during pregnancy and shortly after birth, and their baby is also more likely to die.
- Approx. **40%** of women did not book before 10 weeks of pregnancy in 2018/19 and across England average is **53%** (Jan 2022). The LMNS is working with Maternity Providers and Commissioners to understand if failure to book before 10 weeks is due to access, language barriers or other health inequality/inequity reasons.
- Teenage conceptions across all the Merseyside local authorities had rates that were higher than the national average with a quarter of all conceptions under the age 18. **Two thirds** of under 18 conceptions led to terminations.
- Liverpool has the highest numbers of asylum seekers/refugees in the North-West who face unique health challenges which require additional support to overcome the barriers they face when attempting to access care



Priority 4. Accelerate preventative programmes that engage those at greatest risk of poor health outcomes - C&M LMNS Equity & Equality Action Plan (EEAP)

The LMNS has continued to work collaboratively with our System Partners, Voluntary Community & Social Enterprise (VCSE) organizations, Maternity Providers and women, birthing people from minority ethnicity, and socially deprived and protected characteristic groups to finalize the EEAP. This has ensured interventions were co-produced with clear ownership and accountability for the delivery of the key programmes to generate greater health equity across C&M.

Priority Programmes included within the EEAP and in addition to the WHaM Programmes are:

1. Improving Population Health Data across the LMNS – recording ethnicity, social deprivation etc.
2. Booking before 10 weeks - improving access, pathways and information for pregnant women and birthing people
3. Reducing teenage conceptions and terminations by working with system partners and improving access to Sexual Health Services
4. Providing healthcare information and signposting to Refugees & Asylum Seekers on navigating the NHS and accessing health care
5. Providing women who have experienced Female Genital Mutilation (FGM) psychosexual counselling alongside health information covering the pre-conception, pregnancy and the post-natal periods
6. Digitise Community Assets by providing a single point of access alongside the Community Engagement Team sharing via handheld tablets for those who may be digitally excluded
7. Conducted a baseline survey of Maternity and Neonatal staff experiences with the results informing the future workforce plan being developed by HEE & Maternity Providers
8. Establish a bi-monthly Equity Forum via the LMNS Community Engagement Team
9. Support the Development of MVPs to deliver their 2022-23 action plans
10. Support delivery of mandatory Cultural Competency training across the LMNS and Maternity Providers
11. Supporting Women with Autism – Neurodiverse conditions across their pregnancy journey by embedding learning from SI's

4.a.1.1 Improving Population Health Data across the LMNS Contd.

	Description
4a.1.1	<p>Following the review of all available data resources we have found there are many data sets which are not specific to maternity services. To identify those most at risk, accurate data must be recorded on maternity information systems on the ethnicity of every woman, as well as other risk factors, such as living in a deprived postcode, co-morbidities, BMI and those aged over 35.</p> <p>- Ongoing commitment to ensuring population data is captured to support women from Black, Asian, Minority Ethnicity, Socially Deprived & Protected Characteristic Groups when developing new data sets/reporting requirements across C&M LMNS</p>

C&M LMNS EEAP 4.a.1.2. Booking before 10 weeks

Approx. 40% of women did not book before 10 weeks of pregnancy in 2018/19 and across England, the average is 53% (Jan 2022).

Source: C&M LMNS Equity & Equality Action Plan August 2022

Foetal movement is often felt between 16 to 24 weeks of pregnancy which is outside many of the preventative screening timeframes for those who are already at greater risk in pregnancy:

Screening tests:

- ✓ Sickle cell and thalassaemia should be offered as early as possible before 10 weeks of pregnancy
- ✓ HIV, hepatitis B and syphilis should happen as early as possible
- ✓ Down's syndrome, Edwards' syndrome and Patau's syndrome are offered around the same time as dating scans between 11 to 14 weeks pregnant

- ❑ The LMNS is working with Maternity Providers and Commissioners to understand if failure to book before 10 weeks is due to access, language barriers or other health inequality/inequity reasons.
- ❑ Review of the booking pathways has shown they are not comparative across the 9 places with some women/birthing people directly booking via Maternity Provider websites or their local GP.
- ❑ Maternity Commissioners have also advised that workforce and capacity issues within Maternity Providers is also contributing to not being booked before 10 weeks.



C&M LMNS EEAP 4.a.1.2. Booking before 10 weeks Contd.

The LMNS and system partners such as Maternity Commissioners & Providers are working together to improve access, pathways and information for pregnant women and birthing people to be seen and screened before 10 weeks into their pregnancy

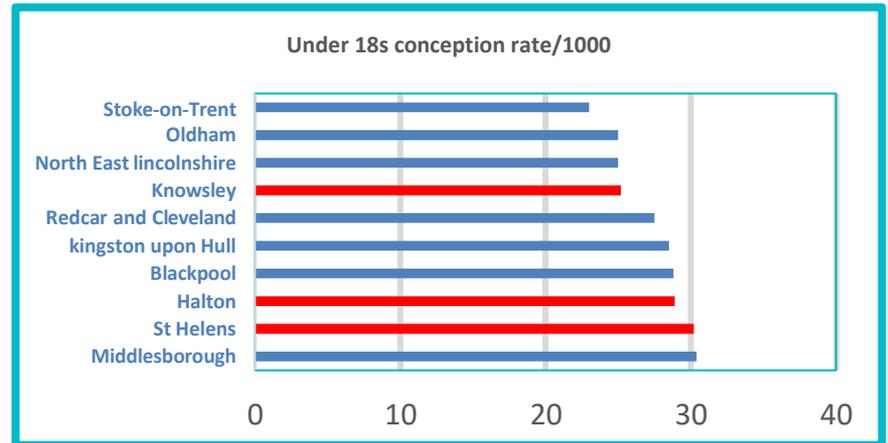
	Description
4a.1.2	<p>Booking before 10 weeks - Following engagement with women representative of our population who advised due to religious/cultural reasons they are not permitted to be seen by medical professionals until they are certain they are pregnant (showing) which could mean they are at least 12 weeks pregnant before first contact with Midwife.</p> <ul style="list-style-type: none">✓ Communications required to support women to understand the importance of having pregnancy confirmed and booking in with their Midwife at the earliest opportunity✓ Mapping of the 7 Maternity Trusts processes/staffing re: capacity/demand✓ 7 Maternity Trusts to ensure that GPs/PCNs have the most up-to-date ante-natal/booking pathways and are also easily available on their websites

C&M LMNS EEAP 4.a.1.3. Reducing Teenage Conceptions & Terminations

A multi-agency whole system partnership approach with PHE/Local Authorities/Schools/VCFSE/Community Sexual Health Promotion teams is needed to communicate the local picture and promote the confidential support services which are available to teenagers/young women.

The LMNS Health Inequalities Lead Midwife is working collaboratively with C&M PHE/LA teams to map existing services using the [Teenage Pregnancy Prevention](#) & [Self Assessment Frameworks](#). LA teams developing a Teenage Pregnancy Prevention System wide learning event alongside monthly forum meetings. The framework mapping will provide the system with a baseline and the gaps in services which will become the key priorities/actions to reduce teenage conceptions and terminations across C&M.

- Teenage conceptions across all the Merseyside local authorities had rates that were higher than the national average with a quarter of all conceptions under the age 18
- Two thirds of under 18 conceptions led to terminations
- Prevalence of teenage conceptions & TOP is higher in identified areas of social deprivation areas across C&M
- C&M have x 3 areas in the top ten highest rates in the UK of teenage conception – Knowsley, Halton and St Helens



C&M LMNS EEAP 4.a.1.4 Providing healthcare information and signposting to Refugees & Asylum Seekers on navigating the NHS and accessing healthcare

- Liverpool has the highest number of asylum seekers and refugees in the North West who face unique health challenges and may never have accessed preventative healthcare from their country of origin.
- The LMNS team are committed to working with system partners to provide additional support to overcome the barriers they face when attempting to access care.
- Many have reported they are concerned about the charges for maternity care which translates into little or no engagement with health services in the antenatal/postnatal periods.
- We have strong links with Maternity Action which is the UK's Maternity rights charity dedicated to promoting, protecting and enhancing the rights of all pregnant women, new mothers and their families to employment, social security and health care.



All women in the UK are entitled to NHS maternity care regardless of immigration status – however whether or not you will be charged for that care depends on your immigration and residence status at the time you receive that care. (Maternity Action May 2022)

C&M LMNS EEAP 4.a.1.4 Providing healthcare information and signposting to Refugees & Asylum Seekers on navigating the NHS and accessing health care contd.

Our Community Engagement Team have undertaken many sessions pre, during and 'post' and as we come out of the Covid-19 Pandemic to support minority groups on how to access the right health care to meet their needs.

Our Lead Midwives for Personalised Care & Enhanced Continuity of Carer supported the Tackling Health Inequalities workshop run by commissioners across Liverpool. The workshop brought together primary and secondary care and voluntary organisations including refugee women connect to share resources and inform best practices.

The digital directory of services PADLET includes:

- Rights and entitlements for asylum-seeking women- <https://youtu.be/bGASMqZk8wg>
- Advice for health professionals caring for asylum-seeking women- <https://youtu.be/fLLNFDaL2Us>

	Description
4a.1.4	<p>Provide asylum seekers/refugees with additional support to overcome the barriers they face when attempting to access healthcare</p> <ul style="list-style-type: none">- Provide women with advocacy support by utilising 3rd sector organisations and place-based leads; <ol style="list-style-type: none">a) How to navigate the NHSb) What LMNS health services are available - including screening and immunisationc) What support services can be accessed for free including VSCE/LA

C&M LMNS EEAP 4.a.1.5 Female Genital Mutilation (FGM)

- Following feedback received at the EEAP Forum event (10.02.2022), working group meetings and continuously working with women and birthing people across C&M many felt that FGM needed to be a priority programme of work across the LMNS.
- Often women/birthing people who arrive from high-risk countries where FGM is practised routinely are not advised of the physical and mental health implications or the potentially life-threatening complications they may face when giving birth.
- By working with our system partners we aim to signpost those who have experienced Female Genital Mutilation (FGM) to the appropriate psychosexual counselling services along with promoting and providing health information which covers the pre-conception, during pregnancy and post-natal periods.
- Midwives are already trained in the management of FGM and along with enhanced training Maternity Staff will provide personalised care and support to women/birthing people who have experienced FGM. [Pan Merseyside Female Genital Mutilation \(FGM\) Protocol](#)

	Description
4a.1.5	<p>Female Genital Mutilation (FGM) programme required to raise awareness to women and Maternity Staff around health complications in pregnancy</p> <p>a) Awareness campaign to advise and support pregnant women on anticipated complications they may experience in pregnancy and beyond (focus on women from high risk countries)</p> <p>b) Signpost women to appropriate organisations for Psychosexual Support and other community support agencies/charities</p> <p>c) FGM staff awareness training (currently not mandated across Maternity Providers)</p>

C&M LMNS EEAP 4.a.1.6 C&M Maternity & Neonatal Joint Strategic Needs Assessment(JSNA) - Refresh

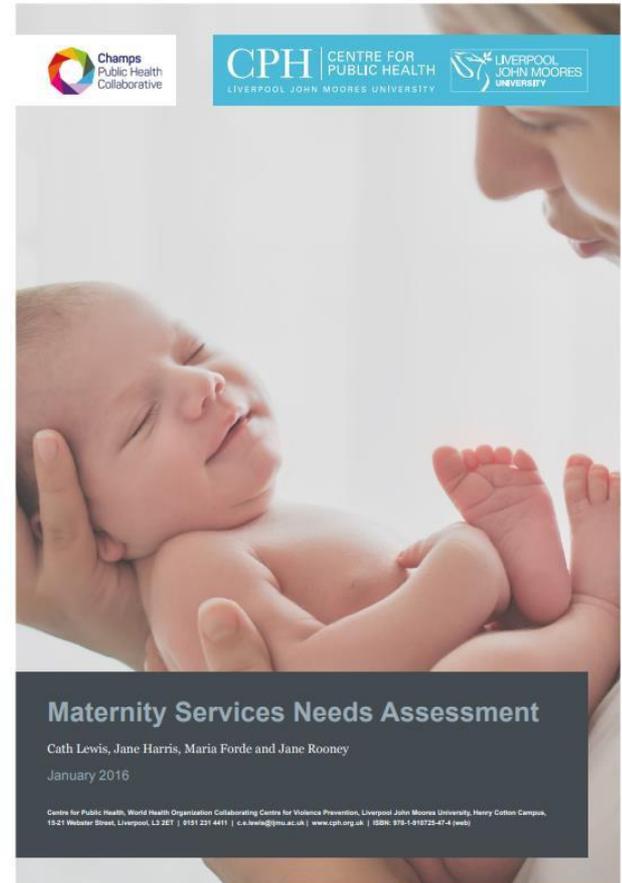
The last C&M Maternity Service Needs Assessment/JSNA was undertaken in 2016 and is no longer representative of the local population.

Following the Equity & Equality Analysis submission to NHSE, the LMNS commissioned Liverpool John Moore's University & Public Health Colleagues to undertake a full JSNA to:

- Provide an up-to-date view of health and well-being needs relating to maternity services, now and in the future
- Investigate the extent to which current provision is addressing the health and well-being needs in relation to maternity services

JSNA update Spring 2023.

Source: C&M LMNS Equity & Equality Action Plan August 2022



C&M LMNS EEAP 4a.1.7 & 4a.1.8

4a.1.7 Evaluate the implemented National Four Actions: The detail around this requirement is included within section 4.c Action on perinatal mortality and morbidity 4.c.1 - 5 Implement targeted and enhanced continuity of carer (75% of women in these groups receiving continuity of carer by 2024)

	Description
4a.1.7	Evaluate the implemented National Four Actions to meet the aims: i) develop a better understanding of the complex factors and how to make maternity services fully accessible and inclusive to all women, so that no woman is left behind ii) to set immediate, mid and longer term actions in order to ensure Ethnic minorities women are able to escalate and receive immediate reviews when they have concerns about their health (COVID-19 & Maternal Medicine)

4a.1.8 Support local teams to meet the national target of 75% of Black, Asian & Minority Ethnicity & most deprived pregnant women to be booked on the Continuity of Carer pathway by March 2024: The detail around this requirement is included within section 4.c Action on perinatal mortality and morbidity 4.c.1 - 5 Implement targeted and enhanced continuity of carer (75% of women in these groups receiving continuity of carer by 2024)

	Description
4a.1.8	Support local teams to meet the national target of 75% of Black, Asian & Minority Ethnicity & most deprived pregnant women to be booked on the Continuity of Carer pathway by March 2024

C&M LMNS EEAP 4.a.2 Map the community assets which help address the social determinants of health

All community assets were mapped across C&M LMNS in October 2021 in line with the requirements within the [guidance](#). This supported us to understand the extensive work that has already been undertaken and build on the key relationships we have made to improve the health and well-being of women, birthing people and their babies.

The LMNS has shared the Equity & Equality Analysis (EEA) far and wide which included the summary of community assets via feedback and community engagement events with local and national organisations. Feedback received was very informative for both the LMNS and other organisations on raising awareness on what is already available to support our population's needs.

Further community assets have been collated and are now digitised as the C&M LMNS Directory of services via [PADLET](#).

This will provide a single point of access for women, birthing people, their families and system partners. The Community Engagement Team are sharing this information via handheld tablets for those who may be digitally excluded or English is their 2nd language.

The screenshot displays a digital directory interface with a purple and white color scheme. At the top, it reads 'Podlet: Improving Me; Cheshire & Merseyside Womens Health & Maternity Programme (WHAM) + 2 + 1mo' and 'Cheshire & Merseyside, Local Maternity & Neonatal System. Directory of Local Organisations that Support Women and Families'. Below this, a note states: 'Here you will find details of many of the organisations that can support all communities with their Maternity Journey. All Details are Correct at time of Publishing: Please contact the services before visiting.' The main content is organized into four columns:

- Front Page: Single Point of Access**: Includes a button 'Click Here to go back to Improving ME Single Point of Access' and a list item 'Improving me; cheshire & r'.
- Cheshire & Merseyside By Local Authority Place; Where do you Live?**: Features a 'Cheshire and Merseyside Map' and a section 'What's happening in your area?' with a sub-note: 'To find out more about the work that's taking place in your health and care settings you may wish to see the interactive map below.'
- Local Maternity Units**: Lists 'Improving me; cheshire & r' and 'Cheshire and Merseyside Local Maternity Units', with a note: 'Here you will find the contact details and address's of all 7 Cheshire and Merseyside Maternity Units:'.
- Adult Learning**: Includes the text 'To access Adult Learning Centres in your area, look under Local Authority Places in alphabetical order below' and a section for 'Cheshire' with a small image of a woman.

C&M LMNS EEAP 4.a.3 Conduct a baseline assessment of Maternity & Neonatal Staff ethnicity using WRES indicators 1-8

The national Workforce Race Equality Standard (WRES) report for 2020 was published in February 2021. Across C&M LMNS 3 Maternity Provider Trusts were listed in the best performing and 4 listed in the least performing. The WRES survey findings on ethnicity and recruitment are not routinely published on NHS organisations' websites.

Black, Asian & Minority Ethnic Staff Experiencing Harassment, Bullying or Abuse

In both WRES Metrics the percentage of Black, Asian & Minority Ethnic staff experiencing harassment, bullying or abuse from patients and public as well as staff was at higher level than for white staff.

Fewer Black, Asian & Minority Ethnic staff (**81.7%**) believe that their trust provides equal opportunities for career progression or promotion as compared to white staff (**87.9%**).

The WRES is unable to break down the specialty that staff work within and the LMNS developed a bespoke staff survey specifically tailored for Maternity & Neonatal staff (Feb- Mar 2022) to fully understand the real impact on Black, Asian and Minority Ethnicity staff.



C&M LMNS EEAP 4.a.3.7 - Support delivery of mandatory Cultural Competency training across the LMNS and Maternity Providers

- Equity & Diversity Training is mandatory across Trusts, however, Cultural Competency training (CCT) is not.
- Currently, staff would not be reimbursed or backfilled to attend CCT.
- Although CCT is available via Health Education England (HEE), e-Learning for Health and other online platforms it is not specifically designed or tailored to meet the needs of Maternity & Neonatal staff who are providing health care to pregnant women, birthing people and their babies from Black, Asian, Minority Ethnicity Groups.

Previous collaboration with Dr S Hasan from ARC NW and J Kohan from Health Coaching, the Innovation Agency to develop a bespoke CC webinar for staff and community leaders which was held in November 2020. A refresh of training for all LMNS staff is planned to cover unconscious bias, awareness, attitude, knowledge, and skills.

“Being Culturally Competent is not only about respecting and appreciating the cultural contexts of patients’ lives. Neither is it a one-size-fits-all approach – it’s about understanding the way we deliver health care and responding to the needs of our diverse population.”

Source: eLfh

National Guidance is a much-needed requirement to ensure training modules are developed to comparative and consistent standards to ensure staff receive appropriate and recognised training.

4.2 Communication & Engagement Contd. Sharing the Completed EEAP

Following sign off of the EEAP by NHSE

- Publish the EEAP on the Cheshire & Merseyside (C&M) Integrated Care Board (ICB) website which will include a high level summary
- Publish the EEAP on the C&M “Improving Me” Women’s Health & Maternity (WHaM) website
- Share EEAP with system partners and community assets – via PADLET and direct mailings
- Workshop being delivered 30/09/2022 to share the completed EEAP with the LMNS team focusing on the *what* and *why*

Further Comms & Engagement Activities

- Develop a short, ‘executive summary’ document, introducing the broad principles and key workstreams of the EEAP
- Develop detailed comms plan on workstream specific priorities and outcomes for cascade to system partners, Maternity Voice Partnerships (MVPs) and staff
- System “talking about [topic]” engagement sessions focused on workstreams, anticipated outcomes and receiving feedback from pregnant women, birthing people



C&M LMNS EEAP 4a.4: Set out a plan to coproduce interventions to improve equity for mothers, babies and race equality for staff – 4.3 Collaboration with Professor Baron-Cohen Autistic Research Centre (ARC) Cambridge

Following the Equity & Equality Analysis (EEA) which the LMNS reported on learning from Serious Incidents (SIs) we identified another priority programme of work to include within the EEAP to improve health inequity for women, birthing people who have either a Learning Disability (LD), Autism or a Neurodiverse condition.

Summary of a Serious Incident - Pregnant woman with Autism

“A pregnant woman with Autism and Perinatal Mental Health concerns did not have the right advocacy to support her antenatal journey. The woman attended many times and each time health professionals said that someone else would arrange her induction, however this did not happen in time and unfortunately suffered an avoidable stillbirth. This has had a terrible impact on her and her mental state. The woman didn’t have the right support to help get her voice heard.”

The consensus opinion from discussions with the team at Cheshire & Merseyside Local Maternity & Neonatal System (C&M LMNS) and other system partners was that we should aim to develop an advocacy programme for neurodiverse women to access in pregnancy. Similar to what Claire House do for parallel planning in women with prenatal diagnosis of severe congenital abnormalities who support, coproduce birth plans and accompany women to their appointments as well as advocating at joint MDTs.

Learning from this SI has resulted in: C&M LMNS alongside system partners collaborating with Professor Baron-Cohen and colleagues at the Autism Research Centre (ARC) Cambridge on a programme to develop the following:

- Provide advocates to support women with autism or neurodiverse conditions throughout their pregnancy and post-natal period
- Design resources to improve the birth experience for women with autism or neurodiverse conditions
- Provide a fast track pathway for pregnant women with undiagnosed autism or neurodiverse condition - similar to the Immediate Access to Psychological Therapies (IAPT)
- Dedicated staff (Midwife/Clinical Lead) within each Maternity Provider who can support pregnant women with autism or neurodiverse conditions
- Understand what reasonable adjustments are currently in place and how these can be developed to improve outcomes for pregnant women with autism or neurodiverse conditions (ARC are government leads for influencing policy changes)
- Numerous research opportunities e.g. Suicidality of neurodiverse/autistic women/women with autistic traits with no formal diagnosis across their pregnancy/post-partum period

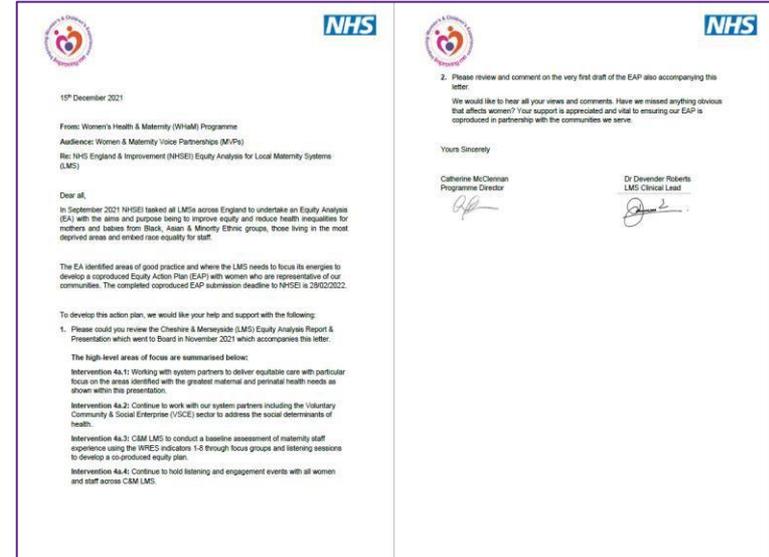
C&M LMNS EEAP 4a.4: Set out a plan to co-produce interventions to improve equity for mothers, birthing people, their babies and race equality for staff – 4.4 Supporting Maternity Voice Partnerships (MVPs)

MVPs are fundamental in engaging and hearing the voices of women, birthing people and their families across C&M.

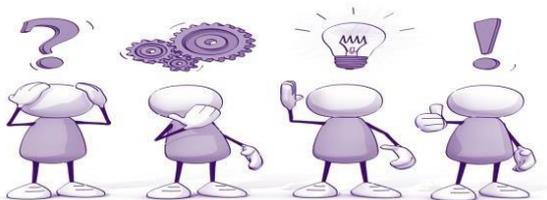
The LMNS wrote to the MVP chairs 15/12/2021 to ask for their support to develop the EEAP and discuss how to improve community engagement and collaboration with women, birthing people from Black, Asian & Mixed Ethnicity, Socially Deprived & Protected Characteristics.

Each of the MVPs across C&M have strong relationships with the LMNS Community Engagement Team who are working together to improve engagement and membership from women, birthing people from minority, socially deprived and protected characteristic groups. Many of the C&M MVPs have included this as a key priority within their 2022-23 Action Plans.

The LMNS is producing a supportive programme for MVP chairs with co-production from the regional MVP chair. This will support the recruitment of MVP members from the under represented communities across C&M.



C&M LMNS EEAP 4a.4: Set out a plan to coproduce interventions to improve equity for mothers, babies and race equality for staff – 4.a.4.5 Equity & Equality Working Group Meetings



Can you help co-develop a Cheshire and Merseyside Maternity Equity Strategy?



In addition to the continuous engagement activities the LMNS set up a working group with formal Terms of Reference (TORs) which ran over a 3 month period between March – May 2022.

To Note: meeting times were not always suitable for some to attend, however the LMNS has maintained an open door approach to receiving feedback and suggestions on the EEAP.

The purpose: of the EEAP working group was to review the analysis and feedback from women, birthing people, their families, staff, key stakeholders, local authorities, Voluntary Community Faith & Social Enterprise (VCFSE) etc. to agree the co-produced activity and design interventions to improve health equity and embed race equality for staff.

By working and producing the plan together our aims were to identify solutions, progress specific actions and ensure the required outputs were put in place to reduce health inequalities and improve outcomes.






Cheshire & Merseyside Local Maternity & Neonatal Services (LMNS) Equity & Equality Action Plan Working Group Terms of Reference (TORs)

1. Introduction
This document forms the Terms of Reference (TORs) for the working group who will support finalisation of the co-produced Cheshire & Merseyside LMNS Equity & Equality Action Plan (EEAP).
The EEAP will need to be completed by **30 June 2022** to ensure it proceeds through the correct governance process before being submitted into NHS England & Improvement (NIHE) by no later than the **30 September 2022**.

2. Background
The Covid-19 Pandemic highlighted the urgency of the need to prevent and manage ill health in groups that experience health inequalities, which was also outlined within the NHS Long Term Plan.
The NHS Equity & Equality for LMNS Guidance published in September 2021 provided for delivery across England in relation to Priority 4 to accelerate preventative programmes that engage those at the greatest risk of poor outcomes as listed below:

- Intervention 4a:** Understand the local populations and co-produce interventions
- Intervention 4b:** Action on maternal mortality, morbidity, and experience
- Intervention 4c:** Action on perinatal mortality and morbidity
- Intervention 4d:** Support for maternity and neonatal staff
- Intervention 4e:** Enablers

The LMNS undertook a review in November 2021 in relation to **Intervention 4a** to fully understand our local population, its health needs and how we can work together to improve health and wellbeing, especially for mothers and babies from Black, Asian & Minority Ethnicity groups, those living in the most deprived areas and seldom heard groups.
The next step is to produce the C&M LMNS Equity & Equality Action Plan (EEAP), which will also embed race equality for Maternity & Neonatal Staff and improve their ability to interact with women and meet their diverse health needs.

1. Purpose
The purpose of the Equity & Equality Action Plan working group is to use the analysis and feedback from women, their families, staff, key stakeholders, local authorities, Voluntary Community Social Enterprise (VCFSE) etc. to **plan the co-produced activity and design interventions** to improve equity for women and babies and embed race equality for staff.
By working and producing the plan together we aim to identify solutions, progress specific actions and ensure the required outputs are put in place to reduce health inequalities and improve outcomes.
This work will further support the development (co-production) of the C&M LMNS Five-year Equity & Equality Action Plan (April 2022-27).

2. Membership
The EEAP Working Group will be chaired by Catherine McCannan, Director of Cheshire & Merseyside LMNS which is also known as the Women's Health and Maternity (WOMAN) Programme and will be co-chaired by Rachael Dix, Programme Manager C&M LMNS.
To ensure delivery of the co-produced EEAP, representatives from the following would form the membership of the working group:

- C&M LMNS Director and/or Clinical Lead
- Voluntary Community Social Enterprise (VCFSE)
- Local Authorities and Public Health England (PHE)
- Representatives from minority ethnicity, socially deprived, protected characteristic and seldom heard groups

All representatives will be responsible for feeding back to key members of the organisation/group they belong to if applicable. If representatives are unable to attend meetings, please send apologies and updates on key actions. Additional delegates may be co-opted as required.

3. Quorum
The EEAP Working Group will be considered quorate when 50% of invited representatives are in attendance. Meetings that are not quorate may still take place and representatives who are unable to attend, please send apologies and update on key actions.

4. Meeting Schedule
The EEAP working group will meet monthly, on a Wednesday between 14:30 - 15:30 hrs via Microsoft Teams. The meeting dates are as follows:

- 3 March 2022
- 20 April 2022
- 18 May 2022

The ambition is for the EEAP working group to have completed the action plan including recommended activity, outputs, and outcomes by 30 June 2022 at the latest.

5. Governance
The EEAP Working Group will report to:

- Director of Cheshire & Merseyside (C&M) Local Maternity & Neonatal System (LMNS) – Monthly Highlight Report
- C&M LMNS – fortnightly updates at team meeting
- Final EEAP reported to C&M LMNS Board before submission to NIHE



C&M LMNS Equity & Equality Action Plan Working Group TOR Draft V1.0 20220222 Page 1 of 2

C&M LMNS Equity & Equality Action Plan Working Group TOR Draft V1.0 20220222 Page 2 of 2

Priority 4. Accelerate preventative programmes that engage those at greatest risk of poor health outcomes - C&M EEAP 4.b.1-6 Action on maternal mortality, morbidity and experience

4.b.1 Implementing a Maternal Medicine Network (MMNs)

MBRRACE reports and experience during the Covid-19 pandemic have highlighted that some women, birthing people particularly those from Black, Asian or some Ethnic minority backgrounds, as well as those in the most socially deprived groups, are more likely to die during or after pregnancy.

Tackling these inequalities needs focussed multidisciplinary leadership, to ensure that women receive the best, most suitable care in healthcare settings that are accessible and where care is explicitly designed to meet their needs.

The MMNs are nationally commissioned services developed specifically to ensure that all women, birthing people in the network's footprint with significant medical problems receive timely specialist care and advice before, during, and after pregnancy.

C&M, Greater Manchester & Eastern Cheshire (GMEC), Lancashire & South Cumbria (L&SC) have come together to develop a North West MMN. The lead clinician in C&M is Dr Emma McGoldrick and the Liverpool Women's Hospital is the Maternal Medicine Centre for C&M.



Priority 4. Accelerate preventative programmes that engage those at greatest risk of poor health outcomes - C&M EEAP 4.b.1-6 Action on maternal mortality, morbidity and experience

4.b.2 Offer referrals into the [“Healthier You”](#) NHS Diabetes Prevention Programme (DPP)

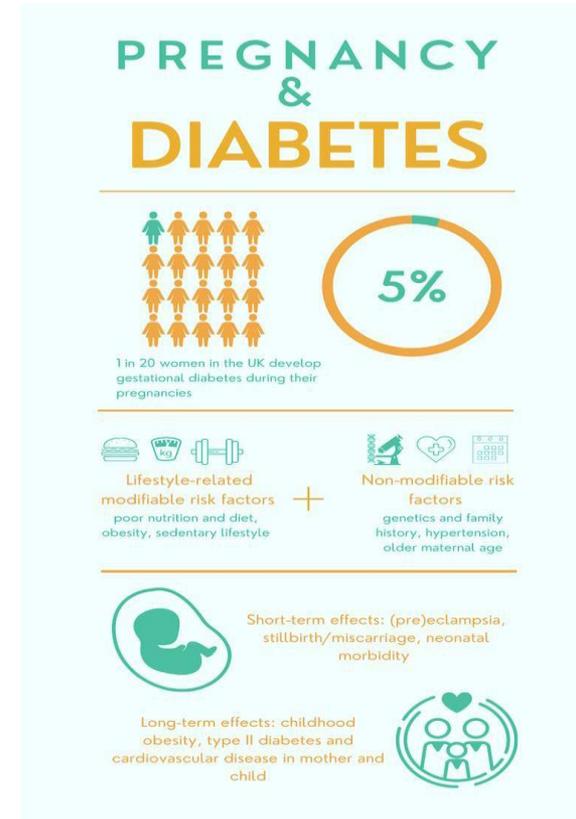
The eligibility criteria has been expanded to include women with a past diagnosis of Gestational Diabetes Mellitus (GDM) and a normoglycaemic blood reading within the last 12 months (temporarily extended to 24 months).

The LMNS is undertaking a specialist piece of work across the 7 Maternity Providers to deliver the enhanced quality surveillance requirements with progress against key actions being monitored via the Quality & Safety Surveillance Group (QSSG).

4.b.6 Ensure the MVPs in your LMS reflect the ethnic diversity of the local population, in line with NICE Quality Standard (QS) 167 Detailed information within slide 43 4.4 Supporting Maternity Voice Partnerships (MVPs)

Awaiting guidance from NHSEI which is currently reviewing the funding streams for MVPs which is dependant on the Department of Health (DoH) and Integrated Care Board (ICB) funding structures. The guidance will include essential information and criteria for the development and support for MVP Chairs including job descriptions and key deliverables of the role.

Whilst the LMNS is awaiting the national review outcome we are aware that MVP Chairs are not currently representative of the C&M population. A proposal once the national review and funding have been agreed would be to have an additional role (Equity Lead) who is from an under-represented background who would work alongside the Chairs of the MVPs.



C&M EEAP 4.b.3 Implement NICE CG110 antenatal care for pregnant women with complex social factors

Antenatal care for all pregnant women, birthing people with complex social factors is vital to be able to provide equitable personalised care which reduces risks and will meet theirs and their unborn babies needs.

Examples of women, birthing people with complex needs include and are not limited to alcohol or drug misuse, recent migrant or asylum seeker status, difficulty reading or speaking English, aged under 20, victims of domestic abuse.

C&M is reporting higher than the England average for 2 of the 3 complex social factor indicators with booking before 10 weeks slightly lower. We have already identified that **40%** of women, birthing people are not booking before 10 weeks (slide 21) and further mapping work is being undertaken with Maternity Providers, GPs and PCNs to understand if this is due access, language barriers or other health inequality/inequity reasons.

A review of the 7 C&M Maternity Provider identified that **21%** of women, birthing people are recorded as having complex social factors who required additional support to meet their individual needs.

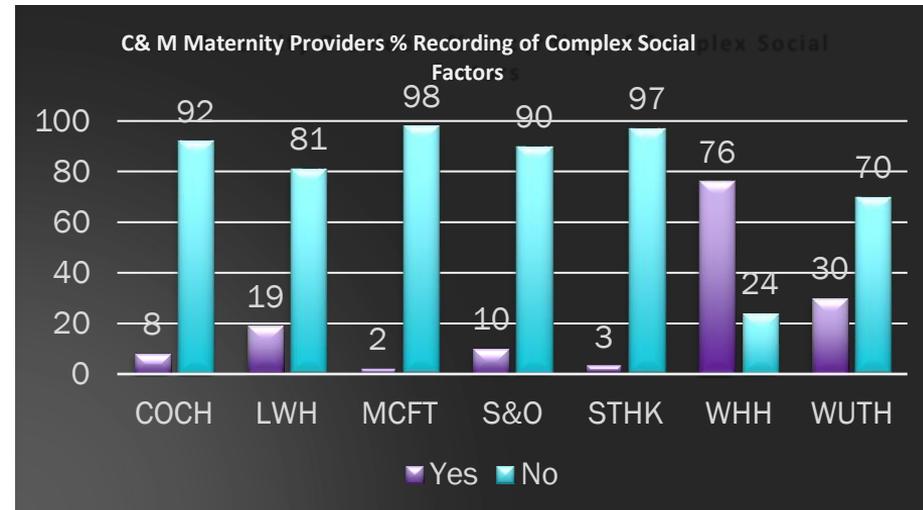
Recording of complex social factors has improved overall across C&M, however there are still some Maternity Providers with insufficient data.

It is anticipated that the recording of complex social factors will improve with the Ockenden Essential & Immediate Actions (EIAs) 4 & 5 for managing complex pregnancies and ensuring risk assessments are undertaken at each antenatal contact.

Future reporting of these metrics will be via the Maternity Services Data Set (MSDS)

Measure	Latest Period	England	Cheshire & Merseyside	Greater Manchester Health & Social Care Partnership	Healthier Lancashire & South Cumbria
Booking within 10 weeks for women with complex social factors	December 2021	47.3%	44.7%	50.7%	32.4%
Booking within 12+6 weeks for women with complex social factors	December 2021	73.5%	76.3%	78.9%	67.6%
Booking within 20 weeks for women with complex social factors	December 2021	87.1%	89.5%	91.5%	78.4%

Source: NHSEI Regional Maternity Measures Report, STP Comparison Table 06/05/2022



C&M EEAP 4.b.4 Implement maternal mental health services with a focus on access by ethnicity & deprivation

C&M LMNS are working collaboratively with Merseycare (provider) to deliver inclusive Maternal Mental Health Services (MMHS) by offering psychological therapy and support to women, birthing people, over the age of 18, that experience distress, which impacts significantly on their life and their relationships, especially with their babies.

This distress would be linked to trauma and fear that has happened because of an experience within a Maternity, Neonatal or reproductive environment.

As a service we work closely with other providers. The service is designed to be available to support women and birthing people by offering specialist psychological therapy and when we are not best placed to offer this, we refer onwards to other appropriate organisations/support services.

Merseycare are automatically recording ethnicity and deprived area postcodes data when booking women, birthing people into Maternal Mental Health (MMH) Services.

Since March 2022, 70 referrals have been received by the service. **55/79%** managed by the team with the remaining **15/21%** referred into other services. **16/23%** referred into the service are from the 7 most deprived postcodes across C&M with **5%** recorded as being from ethnic minority groups.



Maternal Mental Health Service

- Addressing the gaps in service provision for women, birthing people who have suffered trauma/perinatal loss within a Maternity/Neonatal setting (NHS Long Term Plan 2019)
- LMNS Midwives jointly working to deliver psychology interventions for women, birthing people who have/had moderate to severe MH needs due to trauma/perinatal loss
- Engagement with women, birthing people to ensure experiences are used to support the future development of the service

C&M EEAP 4.b.5 Ensure Personalised Care & Support Plans (PSCPs) are available to everyone – % of PCSPs where ethnicity is recorded

A Personalised Care and Support Plan (PSCP) is a place where women, birthing people can record their feelings, thoughts, beliefs and cultural wishes. With their midwife or obstetrician they can consider and discuss their life, family situation, health and wellbeing, and preferences, so that their care reflects their needs and wishes.

Recording ethnicity and postcode data at the booking appointment supports clinicians, the LMNS and wider system partners to understand how health outcomes vary by geographical area and ethnicity.

C&M LMNS carried out a baseline audit to ensure ethnicity codes are being recorded within PCSPs along with the 5 other criteria. Compliance varied across Maternity Providers and the LMNS Lead Midwife & Programme Lead will continue to monitor progress until Maternity Information Systems (MIS) have been appropriately configured to record PCSPs in the required formats.

July 2022 data contained antenatal personalised care plan fields completed for **95%** of women booked in the month. (MSD101/2)



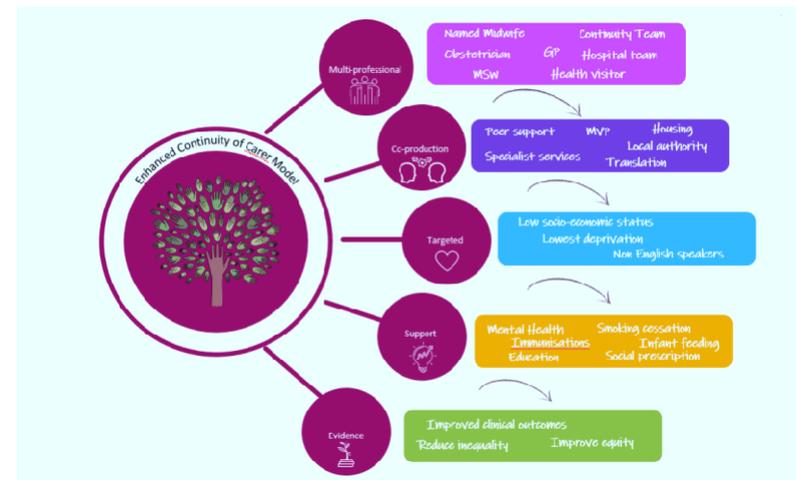
C&M EEAP 4.c.1 - 5 Implement targeted and enhanced continuity of carer (75% of women in these groups receiving continuity of carer by 2024) contd. (PCPs)

C&M LMNS is committed to supporting all providers to achieve the National deliverable to ensure Midwifery Continuity of Carer (MCoC) is the default model of care for Women and birthing people. This includes the implementation of an Enhanced targeted CoC model and ensuring Personalised Care & Support Plans (PSCPs) are available to everyone to help improve the outcomes for the most vulnerable mothers, birthing people and their babies as outlined in the Long Term Plan.

To deliver group antenatal care “Pregnancy Circles” to support women, birthing people and babies in areas with higher levels of social deprivation who may also face social isolation.

The aim of this programme is to provide a model of care to improve access to antenatal care closer to home for the most vulnerable mothers and their babies.

The team will include a Maternity Support Worker (MSW) and a Family Support Worker (FSW) who is representative of the local community. The team will provide advice and practical support e.g. breastfeeding, signposting to social prescription opportunities to address and reduce the health inequality gap.



C&M EEAP 4.c Action on perinatal mortality and morbidity 4.c.6 Explore wider determinants of health and social needs for women and families. i.e. asylum seekers, young mums and women with learning disabilities.

The LMNS Community Engagement Team along with the Programme Leads continuously explore the wider determinants of health and social needs for women, birthing people and their families across C&M. Hearing their experiences and collating their feedback is vital for us to transform services which reduce the health inequity gap. A number of the programmes which continuously engage with women, birthing people and their families from minority ethnicity, socially deprived and protected characteristic groups are included within this slide (*caveat not all LMNS programmes are captured*)

Learning Disability & Neurodiverse

Smoking in Pregnancy

Perinatal Mental Health Silver Birch Hubs

Enhanced Continuity of Carer

Personalised Care

Maternity Action Health Social Justice

Improving Covid-19 Vaccination Uptake Pregnant women

Asylum Seekers & Refugees

Maternal Medicine

Female Genital Mutilation (FGM)

Maternity Support Workers

Perinatal Pelvic Health

C&M EEAP 4c.7 Implement a smoke-free pregnancy pathway for mothers and their partners

Reducing Smoking in Pregnancy (SiP) is a key driver in reducing the risk of stillbirth, miscarriage, and sudden infant death syndrome. The LMNS is committed to implementing a smoke free pathway for all pregnant women, birthing people and their partners. Smoking rates vary significantly across geography, socio-economic group and age.

We are working in partnership with the C&M Cancer Alliance over the next 3 years to deliver a transformational SiP programme and co-produce measures to support quitting smoking.

Aim – To develop a personalised maternity pathway of care across Cheshire and Merseyside which will reduce the number of women smoking in pregnancy, and postnatally, resulting in better cancer, and health, outcomes for women and their babies

Objectives -

1. To provide a consistent approach across C&M LMS to significantly reduce variation and the total numbers of women smoking in pregnancy, and at birth, in line with the 6% national target
2. To review and improve where necessary the current data capture and reporting systems to ensure that the LMS can track and report, in real time, on each woman's progress from booking to birth, to measure meaningful cessation rates
3. To provide training and support for the maternity and health and social care workforce to provide specific and relevant smoking cessation services and support for women within the community
4. To ensure that systems facilitate effective and meaningful referrals
5. To further develop the understanding of issues and barriers which prevent women from stopping smoking in pregnancy and look for innovation and social prescribing solutions to support them
6. To develop peer support models and groups within the communities with leaders and champions who women are more likely to listen to
7. To create a targeted prevention campaign for all women but focusing on young women on the dangers of SiP and the risks to mortality in pregnancy

Sources: C&M LMNS SiP Programme, PHE, C&M Cancer Alliance

Cheshire & Merseyside Cancer Alliance



C&M EEAP 4c.7 Implement a smoke-free pregnancy pathway for mothers and their partners contd.

The LMNS SiP Programme Team are also working with partners across C&M to explore opportunities in implementing a school based smoking prevention programme.

This will be tailored to include smoking in pregnancy messages and help to reduce smoking initiation by getting adolescents to engage earlier with anti-smoking messages.

The implementation of the national model for maternity/smoke free pregnancy pathways will support delivery of a number of the “Khan Review” key recommendations, particularly in relation to ‘Quit for Good’ and ‘System Change’.

The Khan Review: Independent review into smokefree 2030 policies

Four critical recommendations are boxed in red. These are ‘must dos’ for the government to achieve a smokefree England by 2030, around which all other interventions are based.

Part 1: Invest Now

REC 1: Urgently invest £125m per year in interventions to reach smokefree 2030.

Option 1: Additional funding from within government
Option 2: A ‘polluter pays’ industry levy
Option 3: A corporation tax surcharge

Part 3: Quit for Good

REC 8: Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.

REC 9: Invest an additional £70 million per year into ‘stop smoking services’, ringfenced for this purpose.

REC 10: Invest £15 million per year in a well-designed national mass media campaign, supported by targeted regional media.

Part 2: Stop the Start

REC 2: Raise age of sale of tobacco by one year, every year.



The image above shows the **lifecycle of a smoker**. From smoking in pregnancy and the impact on the unborn baby, to old age, where 2/3 lifetime smokers will likely die from smoking. Interventions are needed at all stages of a person's life.

REC 3: Substantially raise the cost of tobacco duties (more than 30%) across all tobacco products, immediately. Abolish all duty free entry of tobacco products at our borders.

REC 4: Introduce a tobacco licence for retailers to limit where tobacco is available.

REC 5: Enhance local illicit tobacco enforcement by dedicating an additional funding of £15 million per year to local trading standards.

REC 6: Reduce the appeal of smoking by radically rethinking how cigarette sticks and packets look, closing regulatory gaps and tackling portrayals of smoking in the media.

REC 7: Increase smokefree places to de-normalise smoking and protect young people from second-hand smoke.

Part 4: System Change

REC 11: The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care

REC 12: Invest £15m per year to support pregnant women to quit smoking in all parts of the country.

REC 13: Tackle the issue of smoking and mental health.

REC 14: Invest £8m to ensure regional and local prioritisation of stop smoking interventions through ICS leadership.

REC 15: Invest £2 million per year in new research and data, including investing £2 million in an innovation fund.

C&M EEAP 4.c.8 Implement an LMNS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas



The UNICEF UK Baby Friendly accreditation is based on a set of interlinking evidence-based standards for maternity, health visiting, neonatal and children's centres services for transforming care for all babies, their mothers and families.

Across England **28.1%** of Maternity Providers are listed as achieving 'Full accreditation' or 'Gold Award'. **86%** of Maternity Providers across C&M met this standard which is the highest % within the NW region.

All Maternity Providers across C&M Baby Friendly Accredited 2021 position:

- Countess of Chester - Full accreditation
- Liverpool Women's - Full accreditation - Re-assessment due
- Mid Cheshire Hospitals – Full accreditation with **Leighton Hospital being the 1st Neonatal unit in C&M to achieve full accreditation in March 2022**
- Southport & Ormskirk Hospital - 2nd stage accreditation
- St Helens & Knowsley Teaching Hospitals - No accreditation listed
- Warrington & Halton Hospitals - Full accreditation - Re-accreditation suspended
- Wirral University Teaching Hospital - Listed as Arrow Park - Full accreditation



All UNICEF accreditation programmes were suspended due to the Covid-19 Pandemic with UNICEF recently advising that programmes should be recommenced.

The LMNS is supporting the reaccreditation of the programme across C&M, by supporting with key roles and training.

This is in collaboration with the local Operational Delivery Networks (ODNs) to ensure that providers are reviewing infant feeding across both maternity/neonatal services.

Key meetings have commenced, with the potential to roll out peer support roles within infant feeding. Funding and training have all been confirmed.

C&M EEAP 4.d Support for Maternity & Neonatal Staff

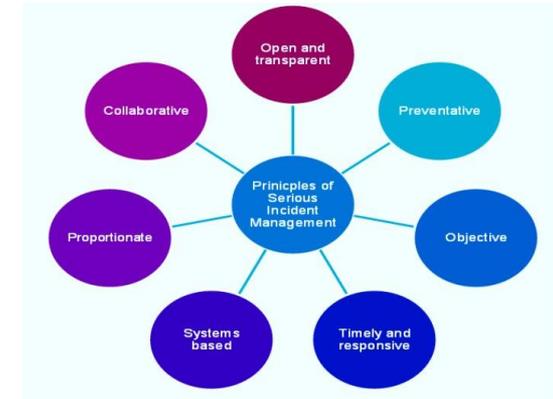
4.d.1 Roll out multidisciplinary training about cultural competence in maternity and neonatal services. The LMNS will be supporting the delivery of enhanced CCT for its staff (clinical and non-clinical) alongside working collaboratively with the C&M Maternity Provider HR departments and Health Education England (HEE) to embed mandatory CCT and address the impact cultural bias can have on delivering equitable care (more information also included in slide 38)

4.d.2 When investigating Serious Incidents (SIs), consider the impact of culture, ethnicity and language. The LMNS Equity & Equality Analysis refresh submitted into NHSEI 31/05/2022 identified that ethnicity was recorded within **58%** 41/70 of SIs.

Dr Devender Roberts (LMNS Clinical Lead) also undertook a review of all stillbirths over a two year period covering 2019-21 which was reported to the LMNS Assurance Board 9th September 2021 with the key findings being:

- Safeguarding
- Improving care for socially vulnerable women
- Consistent use of interpreter services
- Consistent use of risk assessment pathways particularly in relation to escalation of intrapartum problems and Saving Babies Lives (SBL) related processes

Maternity Providers are actively being encouraged to complete ethnicity and complex social factors when reporting SIs. These are currently reported and monitored via the LMNS Quality Safety Surveillance Group (QSSG) meetings.



C&M EEAP 4.d Support for Maternity & Neonatal Staff

4.d.3 Implement the Workforce Race Equality Standard (WRES) in maternity and neonatal services.



	Description
4d.1	Roll out multidisciplinary training about cultural competence in maternity and neonatal services.
4d.2	When investigating serious incidents, consider the impact of culture, ethnicity and language.
4d.3	Implement the Workforce Race Equality Standard (WRES) in maternity and neonatal services.

C&M EEAP 4.e Enablers

Funding & Resources: Full delivery of the C&M LMNS EEAP will be dependent on obtaining additional funding/ resources which are outside of the LMNS financial envelope/staffing structures. A Business Case will be shared with the ICB, however the risk to delivery of the key programmes remains without these resources

4.e.1 Establish community hubs in the areas with the greatest maternal and perinatal health needs.

Post Covid-19 Pandemic scoping currently under way to review the Maternity Community Hubs across C&M. As hubs aim to offer multiple services under one roof the scoping will include what services are currently being delivered from each estate with the aim of providing care closer to home.

The LMNS aspiration is for each hub to provide services across C&M which are tailored to the local populations needs. These hubs will include social prescription services alongside advanced clinical midwifery services.

Maternity Mental Health Services (MMHS) – Detail included in slide 50

The opening of the Silver Birch Community Hubs in Wirral, Liverpool and Knowsley which are some of the most socially deprived areas across C&M is providing mental health and wellbeing support to women and birthing people closer to their homes.

Our Specialist Lead Midwife has been based at the Koala Centre and Granby Children's Centres raise awareness of and how to refer into with services already based within these family and children's centres.



C&M EEAP 4.e Enablers

4.e.2 Work with system partners and the Voluntary Community Faith & Social Enterprise (VCFSEs) organisations to address the social determinants of health

The C&M LMNS Community Engagement Team (CET) are our greatest asset and enable us to continuously hear the voices of women, birthing people their families and carers (more detail contained within in slide 30). Their support has enabled the LMNS to developed a **Community Engagement Health Equity & Equality Forum events forward planner**.

These events will be face to face on a quarterly basis over 2022-23 covering various locations across C&M. Themes and key topics for these events have been co-produced following feedback from women, birthing people, their families, system partners and VCFSEs. The events will be delivered by the **individual Programme Leads**, however we anticipate there will be additional community engagement events on top of forums which may be led by the CET.

Themes for Community Engagement Health Equity & Equality Forums
Social Deprivation & Teenage Pregnancy
Personalised Care & Continuity of Carer
Asylum Seeking and Refugee Pregnant Women
FGM
Digital Inclusion (HCP Heatmap)
Core20Plus5
Domestic / Honour Based Violence



C&M EEAP 4.e Enablers

4.e.3 Social Prescribing

The core principles of social prescribing are that it:

- is a holistic approach focussing on an individuals needs
- promotes health and wellbeing and reduces health inequalities in a community setting, using non-clinical methods
- addresses barriers to engagement and enables people to play an active part in their care
- utilises and builds on the local community assets in developing and delivering the service or activity
- aims to increase people's control over their health and lives

The LMNS along with system partners has provided women, birthing people from socially deprived or under represented groups access to services via Social Prescribing initiatives to improve their health and wellbeing. Some examples which have been delivered by C&M LMNS are:

- **Holding Time Project** was designed to create greater cultural awareness of the needs of breastfeeding mothers
- **Maternity Action** is a free specialist advice line at Wirral Women and Children's Hospital to help pregnant women and new mums sort out maternity pay and benefits and resolve an problems at work (detailed information within slide 73)



Lullaby Project which was a national and regional partnership to support mums with babies and young families to improve Perinatal Mental Health. The outcome being a set of 8 new lullabies written by women from across C&M working with professional musicians from Live Music Now.



Photo from the LMNS "International Women's Day Event" 08/08/2022 held in Toxteth with ["Live Music Now"](#)

C&M LMNS Additional Transformation Programmes which support Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes within the EEAP- Covid-19 Improving vaccination uptake for pregnant women

Background: Pregnant women/birthing people are at higher risk of getting seriously ill from Covid-19 and if caught later in pregnancy their babies are also at risk.

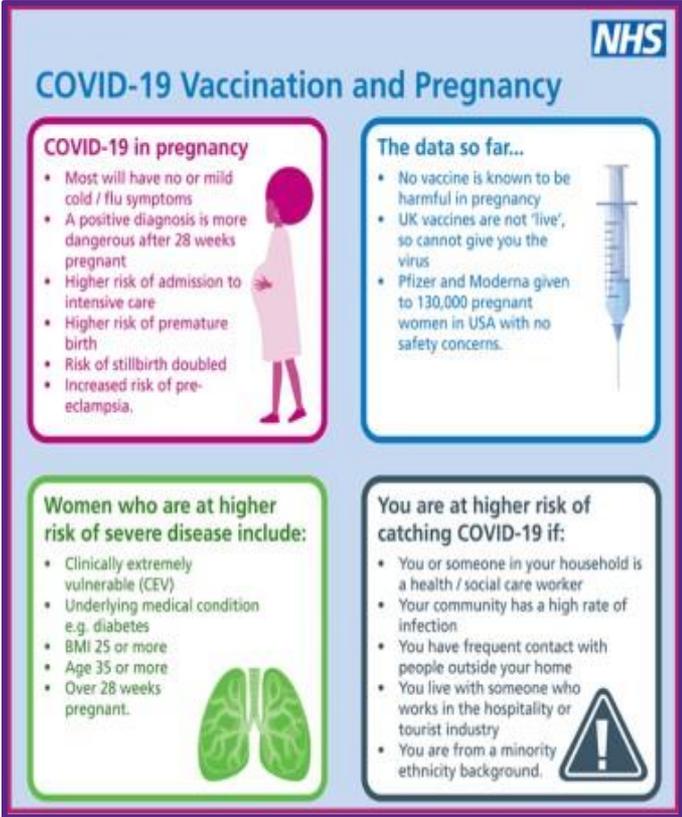
NHS analysis also indicated that women/birthing people from Black, Asian & Minority Ethnicity Groups were more likely to be admitted to hospital if they contracted Covid-19.

In December 2021 only **56.4%** of pregnant women/birthing people in C&M were vaccinated against Covid-19 against the recommended threshold set by NHSEI which is between **70-85%**.

The LMNS put in place specific actions to improve uptake which included:

- Developing a maternity vaccination register for C&M accessed via trusts BI teams and cross-referenced by the CIPHA team to show vaccination information by gestation, postcode, risk groups and those for targeted follow-up
- Developing a maternity pathway for the whole region which included vaccination information, signposting, recording and follow-up
- Set up a LMNS maternity task and finish group focusing on innovations and resources to assist with improving uptake
- Working with Hospital Hubs and providing easy access to the vaccine at antenatal/screening clinics for women/birthing people attending appointments
- Pop-up hubs and roving vaccination teams within community settings with dedicated clinical advice and support
- MatVac Champions who can offer the vaccination and those who can provide information, encouragement and peer support from clinical and community backgrounds

Source: LMNS C-19 Pregnancy Dashboard 16.06.2022



NHS

COVID-19 Vaccination and Pregnancy

COVID-19 in pregnancy

- Most will have no or mild cold / flu symptoms
- A positive diagnosis is more dangerous after 28 weeks pregnant
- Higher risk of admission to intensive care
- Higher risk of premature birth
- Risk of stillbirth doubled
- Increased risk of pre-eclampsia.

The data so far...

- No vaccine is known to be harmful in pregnancy
- UK vaccines are not 'live', so cannot give you the virus
- Pfizer and Moderna given to 130,000 pregnant women in USA with no safety concerns.

Women who are at higher risk of severe disease include:

- Clinically extremely vulnerable (CEV)
- Underlying medical condition e.g. diabetes
- BMI 25 or more
- Age 35 or more
- Over 28 weeks pregnant.

You are at higher risk of catching COVID-19 if:

- You or someone in your household is a health / social care worker
- Your community has a high rate of infection
- You have frequent contact with people outside your home
- You live with someone who works in the hospitality or tourist industry
- You are from a minority ethnicity background.

The infographic includes illustrations of a pregnant woman, a syringe, and a pair of lungs.

C&M LMNS Additional Transformation Programmes which support Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes within the EEAP - Covid-19 Improving vaccination uptake for pregnant women contd.

The development of the dashboard and the information within it has been instrumental in identifying the areas with the lowest uptake and which local communities to target with additional clinics/support.

The dashboard is reported and shared weekly with C&M LMNS team, HOMS and Heads of Trust Vaccination Programme and provides real time data by LA, CCG & Provider. This can also be filtered down to LA ward level.

The LMNS has been able to increase the number of unvaccinated pregnant women/birthing people from **56.4%** (21st December 2021) to **69.4%** (22/08/2022) by carrying out the following activities:

- Bespoke and targeted Communications Campaign to support factually accurate messaging reaching the communities identified with lowest uptake and most deprived areas:
 1. White teenage women up to 18yrs - **75%** unvaccinated – Now **55.4%**
 2. White young women up to 29yrs – **55%** unvaccinated – Now **36.2%**
 3. Black Afro, Caribbean young women up to 29yrs – **40%** unvaccinated – Now **35.4%**
- *****TRIGGER WARNING *****Tragic baby loss story press release [locally & nationally](#)
- Working in partnership with Maternity Commissioners, Local Authorities (LAs), Public Health England (PHE) Liverpool, Voluntary Sector, Voluntary, Community, Faith & Social Enterprise (VCFSE) organisations to ensure vaccination offer remains a priority and maximise opportunities to improve vaccination uptake for pregnant women/birthing people
- Continuous engagement with women and their families within the low uptake communities
- Providing literature in different languages, including hard copies and translation via members of the LMNS Community Engagement Team (CET)

COVID-19 Vaccine Uptake		3,467 Net To Be Vaccinated N 30.6%	651 Primary Course Not Complete N 5.7%	3,053 Primary Course Complete N 27.6%	4,114 Booster 1 N 36.3%	39 Booster 2 N 0.34%	0 Booster 3 N 0.00%	NHS CIPHA						
OFFICIAL SENSITIVE: For operational management only Note: Blank values indicate unknown values														
Show Filters		Clear Filters		No Filters Applied										
VACCINATION STATUS BY REGION, LOCAL AUTHORITY, TRIMESTER, GESTATION WEEK														
Region > Local Authority > Trimester > Gestation Week	Total Pregnancy Register	Eligible Population	Net To Be Vaccinated	Net To Be Vaccinated %	Primary Course Not Complete N	Primary Course Not Complete %	Primary Course Complete N	Primary Course Complete %	Booster 1 N	Booster 1 %	Booster 2 N	Booster 2 %	Booster 3 N	Booster 3 %
Merseyside	7,477	7,433	2,341	31.3%	439	5.9%	2,066	27.9%	2,587	34.6%	24	0.32%	0	0.00%
Cheshire	2,402	2,394	502	20.9%	144	6.0%	636	26.5%	1,107	46.1%	13	0.54%	0	0.00%
Total	11,324	11,117	3,467	30.6%	651	5.7%	3,053	27.0%	4,114	36.3%	39	0.34%	0	0.00%

C&M LMNS Additional Transformation Programmes which support Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes within the EEAP - Covid-19 Improving vaccination uptake for pregnant women contd.

Vaccination Hesitancy Project: We have a strong links with the School of Tropical Medicine (SoTM) who shared their findings and unbranded resources to support improved uptake across C&M.

The use of unbranded materials is deliberate and based on feedback where there is a general mistrust of Government & NHS messaging following the Covid-19 pandemic.

The unbranded resources are being disseminated across C&M via websites and waiting room TV screens including and not limited to Maternity Providers, GPs, PHE/LAs and Maternity Commissioners, Community and Voluntary Organisations.

Delivering a Roving Vaccination Team: Cheshire & Wirral Partnership (CWP) a provider of a roving vaccination and wellbeing team has been funded by Liverpool & Knowsley Commissioners for 3 months (June/July/Aug 2022) to target these areas.

These 2 areas have the lowest uptake across C&M and account for **71%** of the unvaccinated cohort as well as having some of the most socially deprived postcodes. The CWP team will also be providing a health and wellbeing offer alongside the vaccination which includes:

Physical health checks (examples)

- Cholesterol
- Blood Pressure
- Glucose
- BMI calculations (including waist circumference)
- Pulse checks

Advice, guidance and signposting

- Physical health – activity, diet, smoking cessation, alcohol, substance misuse, lifestyle
- Mental health – low mood, depression, anxiety, stress
- Social – poverty, personal finances, employment, loneliness, carer support



C&M LMNS Additional Transformation Programmes which support Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes within the EEAP - Covid-19 Improving vaccination uptake for pregnant women contd.

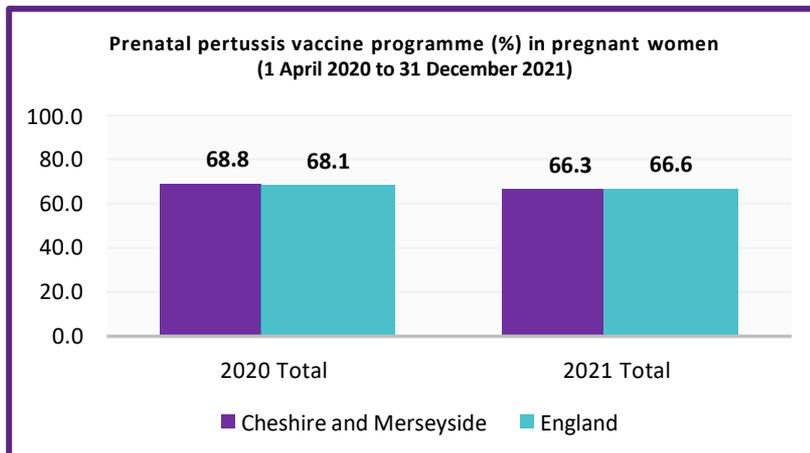
Incorporating Flu & Pertussis vaccination into the Covid-19 Programme: Across C&M we have seen the lowest uptake of Flu vaccination dropping from **49.2%** (2017) to **40.5%** in 2020-21 and Pertussis (whoopingcough) to **66.3%**. The risks to unborn babies, women, birthing people if they contract these in pregnancy can result in premature birth, low birthweight and may even lead to stillbirth or maternal death.

We continue to work in partnership with Maternity Commissioners, Local Authorities (PHE), Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations to maximise opportunities to improve vaccination uptake and ensure the vaccination offer for pregnant women, birthing people remains a priority.



Supporting factually accurate messaging within Educational Settings : The LMNS Lead Midwife for Health Inequities identified gaps in the Personal Social Health Education (PHSE) curriculum. It did not contain information about the Covid-19 vaccination and the associated health risks if left unvaccinated within the statutory programme.

Links have been made with the Local Authority and Educational leads to include this and other key health messages to ensure that children and young people are given factually accurate information and resources which includes credible social media sites.



Total vaccinated pregnant women with the flu vaccine 2017/18 - 2020/21

	2017/18			2018/19			2019/20			2020/21		
	Patients registered	Patients vaccinated	% Vaccines	Patients registered	Patients vaccinated	% Vaccines	Patients registered	Patients vaccinated	% Vaccines	Patients registered	Patients vaccinated	% Vaccines
NHS ENGLAND NORTH (CHESHIRE AND MERSEYSIDE)	28931	14728	49.2	29365	13227	45	28056	12611	44.9	28363	11484	40.5
NHS HALTON CCG	1,815	931	51.3	1,872	878	46.9	1,838	870	47.3	1,853	894	48.2
NHS KNOWSLY CCG	2,048	1,035	50.5	1,989	924	46.4	1,977	945	47.8	1,907	745	39.1
NHS SOUTH SUTTON CCG	1,837	832	45.3	1,850	851	46.0	1,814	877	48.4	1,831	717	39.2
NHS SOUTHPORT AND FORMBY CCG	978	508	52.0	1,010	471	46.6	965	450	46.6	1,044	528	50.5
NHS ST HELENS CCG	2,198	1,127	51.3	2,037	964	47.3	1,935	964	49.8	1,858	764	41.1
NHS WARRINGTON CCG	3,750	968	25.8	3,833	841	21.9	3,578	722	20.2	3,244	551	17.0
NHS WIRRAL CCG	4,042	1,848	45.7	4,010	1,833	45.7	3,771	1,694	44.9	3,064	1,305	42.6
NHS CHESTER CCG	8,165	4315	52.8	8,146	3995	49	7,914	3,860	48.8	7,816	3,827	49.0
NHS LIVERPOOL CCG	2,992	1,167	39.0	2,964	1,127	38.0	2,705	1,032	38.1	2,106	2,311	109.7
NHS EAST OF CHESHIRE - COVINGTON	2,078	1,171	56.4	1,963	1,080	54.9	1,871	1,047	55.9	1,811	1,047	57.8
NHS EASTERN CHESHIRE CCG	2,132	1,090	51.1	2,131	969	45.4	2,073	1,042	50.3	2,047	1,047	51.2
NHS VALE ROYAL CCG	1,317	741	56.3	1,285	651	50.7	1,165	579	49.7	1,165	579	49.7
NHS WEST CHESHIRE CCG	2,658	1,317	49.6	2,735	1,270	46.4	2,675	1,205	45.0	2,675	1,205	45.0
NHS ENGLAND NORTH (LANCASHIRE AND SOUTH CUMBRIA)	1,155	576	49.9	1,145	559	48.8	1,115	539	48.3	1,115	539	48.3
NHS BLACKBURN WITH ROSSendale CCG	1,885	919	48.7	1,820	815	44.8	1,748	806	46	2,024	937	46.3
NHS BLACKPOOL CCG	2,277	1,121	49.2	2,177	1,052	48	1,997	951	47.6	2,032	981	48.3
NHS BOLTON CCG	1,792	728	40.6	1,806	765	42.3	1,753	894	50.9	1,682	814	48.4
NHS CHARLTON AND SOUTH RHIBBLE CCG	2,066	1,023	49.5	1,968	966	49.1	1,860	831	44.7	1,716	831	48.5
NHS EAST LANCASHIRE CCG	4,392	2,000	45.5	4,346	2,058	47.3	4,061	2,008	49.4	4,006	2,047	51.1
NHS GREAT YARBROOK CCG	2,472	1,078	43.6	2,378	964	40.5	2,171	941	43.3	2,007	1,003	50.0
NHS MORECAMBE BAY CCG	3,421	1,647	48.1	3,747	1,719	45.9	3,526	1,598	45.3	3,792	1,822	48.0
NHS WEST LANCASHIRE CCG	1,192	588	49.3	1,198	581	48.5	1,174	547	46.6	1,132	493	43.5
NHS FULDE AND WYRE CCG	1,292	628	48.6	1,456	708	48.6	1,333	675	50.6	1,333	675	50.6

C&M LMNS Additional Transformation Programmes which support Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes within the EEAP - Perinatal Pelvic Health Service (PPHS) Fast Follower Site (FFS)

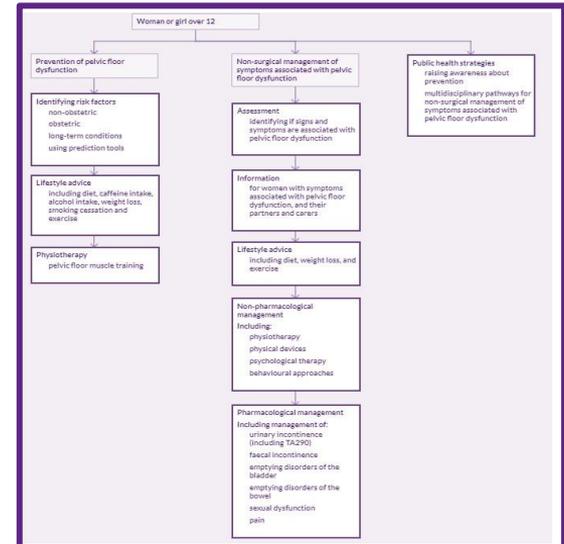
Background: C&M LMNS was successful in their bid to become a FFS to mobilise a PPHS to ensure “women have access to multidisciplinary pelvic health clinics and pathways along with conservative measures being offered before surgery by March 2024.

Currently there is significant variation and inequity in PPHS to support women with pelvic floor difficulties across C&M and recognise the national shortage of physiotherapists in our area. By locally delivering a PPHS we aim to improve the prevention, identification, and treatment of ‘mild to moderate’ pelvic floor dysfunction following birth, and ultimately reduce the number of women living with pelvic floor dysfunction postnatally and in later life.

The overarching responsibilities of a PPHS are to:

1. Embed evidence-based practice in antenatal, intrapartum and postnatal care to prevent and mitigate pelvic health issues resulting from pregnancy and childbirth.
2. Improve the rate of identification of pelvic health issues antenatally and postnatally.
3. Ensure timely access to NICE-recommended treatment for common pelvic health issues antenatally and postnatally.
4. Development of a Band 4 physio assistant role which will increase access to services.
5. Embed the service offering in community hubs to ensure care closer to home.
6. To offer pelvic health exercise videos in the language of choice
7. Standardise the referral process across the system
8. Develop a training programme which will be tailored for Midwives, Physiotherapists and Physio Assistants in both face to face and E-Learning formats to improve access to core training.

NICE Guideline 10 -Pelvic floor dysfunction



C&M LMNS Additional Transformation Programmes which support Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes within the EEAP– WHaM & Maternity Action



C&M LMNS is leading an innovative new project to establish a specialist advice line at Wirral Women and Children's Hospital to help pregnant women and new mums sort out maternity pay and benefits and resolve any problems at work.

Research shows high levels of deprivation, stress and anxiety can increase the chances of premature birth and complications. In the first trial of its kind at the Wirral Women and Children's Hospital, mothers will have direct access to an employment lawyer who can give them advice on everything from access to benefits, maternity pay and how to deal with unfair or unsafe working conditions

National charity Maternity Action will deliver the dedicated Maternity Rights Advice Service for women and families using the maternity service which will deliver **free and confidential specialist advice** on maternity rights at work and maternity pay and benefits.

The service will be delivered by a dedicated employment lawyer and will be able to advise on a range of issues including employment rights during pregnancy, maternity pay and benefits, maternity leave, health and safety issues and flexible working requests.

Midwives will be able to signpost any women and families who raise questions or concerns about these issues directly to Maternity Action and the service will also be promoted in the maternity unit through posters, stickers and business cards, as well as on social media.

The project is being funded through the Cheshire and Merseyside Women's Health and Maternity (WHaM) Programme.



Link to the media release: [New and expectant mothers given free legal and financial advice in ground-breaking trial | ITV News](#)

C&M LMNS Additional Transformation Programmes which support Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes within the EEAP– Gynaecology Network



The Gynaecology Network (GN) has been formed to provide clinical and operational leadership across the system for gynaecology services and wider aspects of women's health and wellbeing.

The purpose of the GN is to work across organizational and place boundaries to provide a system wide improvement plan which will aim to:

- Provide safe, high quality, equitable services
- Reduce variation across services and improve outcomes
- Offer informed choice and personalised care for all women
- Deliver excellent experiences for women

The aims of the network are to:

- Review and redesign services across the ICS footprint (collaborate, partner, align and transform)
- Design beyond organisations and offer care around the patient
- Work on implementation of system wide pathways and protocols to reduce variation and support women and health professionals.
- Empower women to be integral to the feedback, design and delivery of all provision. We will build on our existing links with under represented groups to engage with ethnic minority women and other under represented groups.

Strategies, Policies & Research which were reviewed and contributed to the development of the C&M LMNS co-produced EEAP

- [Women's Health Strategy for England \(July 2022\)](#)
- [The Black Maternity Experiences Survey 5xmore \(May 2022\)](#)
- [Ethnic Inequalities in Healthcare: A Rapid Evidence Review NHS Race & Health Observatory \(February 2022\)](#)
- [All Together Fairer Health Equity & the Social Determinants of Health in Cheshire & Merseyside Institute of Health Equity \(May 2022\)](#)
- Cheshire & Merseyside LMNS Maternity & Neonatal Staff Survey (June 2022)
- [Women's Health Strategy Department of Health \(December 2021\)](#)
- [NHS Long Term Plan \(7th January 2019\)](#)
- [NHS Maternity Transformation Programme](#)
- Religious practices of Muslim women in the UK during maternity: evidence-based professional practice recommendations (May 2022)
- [The Khan Review Independent Review into Smoke free 2030 Policies \(June 2022\)](#)
- Cheshire & Merseyside LMNS Stillbirth Report (September 2021)
- Cheshire & Merseyside LMNS Black, Asian & Minority Ethnicity Communications Strategy (2021)
- [The Final Report of the Ockenden Review \(30th March 2022\)](#)
- Cheshire & Merseyside Health & Care Partnership (HCP) Ethnicity Profiles
- Battling for Breath – Postcodes Count Ian Sinha Consultant Respiratory Paediatrician Alder Hey Hospital
- Joint Strategic Need Assessment (JSNA) – Maternity (March 2016)
- Mapping existing policy interventions to tackle ethnic health inequalities in maternal & neonatal health Dr Oluwaseun Esan Research Associate University of Liverpool (April 2022)
- Safety of Maternity Services Parliamentary Forth Report (2021-22)
- Preterm Birth & Poverty – A Complex Relationship Phillip McHale MRC Clinical Fellow University of Liverpool
- Cheshire & Merseyside Staff Survey Results (2020)
- [Birthrights Systemic racism, not broken bodies An inquiry into racial injustice and human rights in UK maternity care \(2022\)](#)
- Cambridge University Autism Research Centre (ARC) [A comparative study of autistic and non-autistic women's experience of motherhood \(2020\)](#), [A qualitative exploration of autistic mothers' experiences II: Childbirth\(2021\) and postnatal experiences and Autistic mothers' perinatal well-being and parenting styles \(1st February 2022\)](#)
- [MBRRACE-UK Saving Lives, Improving Mothers' Care Report 2021](#)
- [National Confidential Enquiry into Patient Outcome and Death \(NCEPOD\) Health Inequalities Review \(2022\)](#)
- C&M LMNS Maternity Quality Surveillance Group Reports
- NHS Equity & Equality Guidance for Local Maternity Systems C0734 & Pledges to Improve Equity for Mothers & Babies & Race Equality for Staff C0734 ii (September 2021)
- NHS Priorities & Operational Planning Guidance 2022-23 (February 2022)
- [Public Health England \(PHE\) Teenage Pregnancy Prevention Framework \(May 2018\)](#)
- [Fingertips PHE Data](#) & SHAPE ATLAS
- [Health Education England E-Learning for Health \(ELFH\) Cultural Competency Training Resources](#)
- [NHSE Core20PLUS5 – An approach to reducing health inequalities](#)
- [Birth Trauma Association](#)
- [Personalised Care and Support Planning Guidance for Local Maternity Systems \(March 2021\)](#)
- [Delivering Midwifery Continuity of Carer at Full Scale guidance and implementation \(October 2021\)](#)
- Patient Advice & Liaison (PAL) Service Engagement Report (Feb 2022)
- Birthing Experiences Black, Asian & Minority Women (Feb 2022)
- Cheshire & Merseyside Workforce Disability Equality Standard (WDES) Report (2019)

Developed in 2022/2023 - Some information is no longer accurate.

This plan will continue to be reviewed, developed and updated in collaboration with families and partners across Cheshire and Merseyside.

www.improvingme.org.uk

www.facebook.com/Improvingme1

twitter.com/Improvingme1

info@improvingme.org.uk

