Lancashire and South Cumbria Integrated Care Board

Equity and Equality Programme Review

Alexandra Murphy

8th September 2025

Lancashire and South Cumbria Integrated Care Partnership

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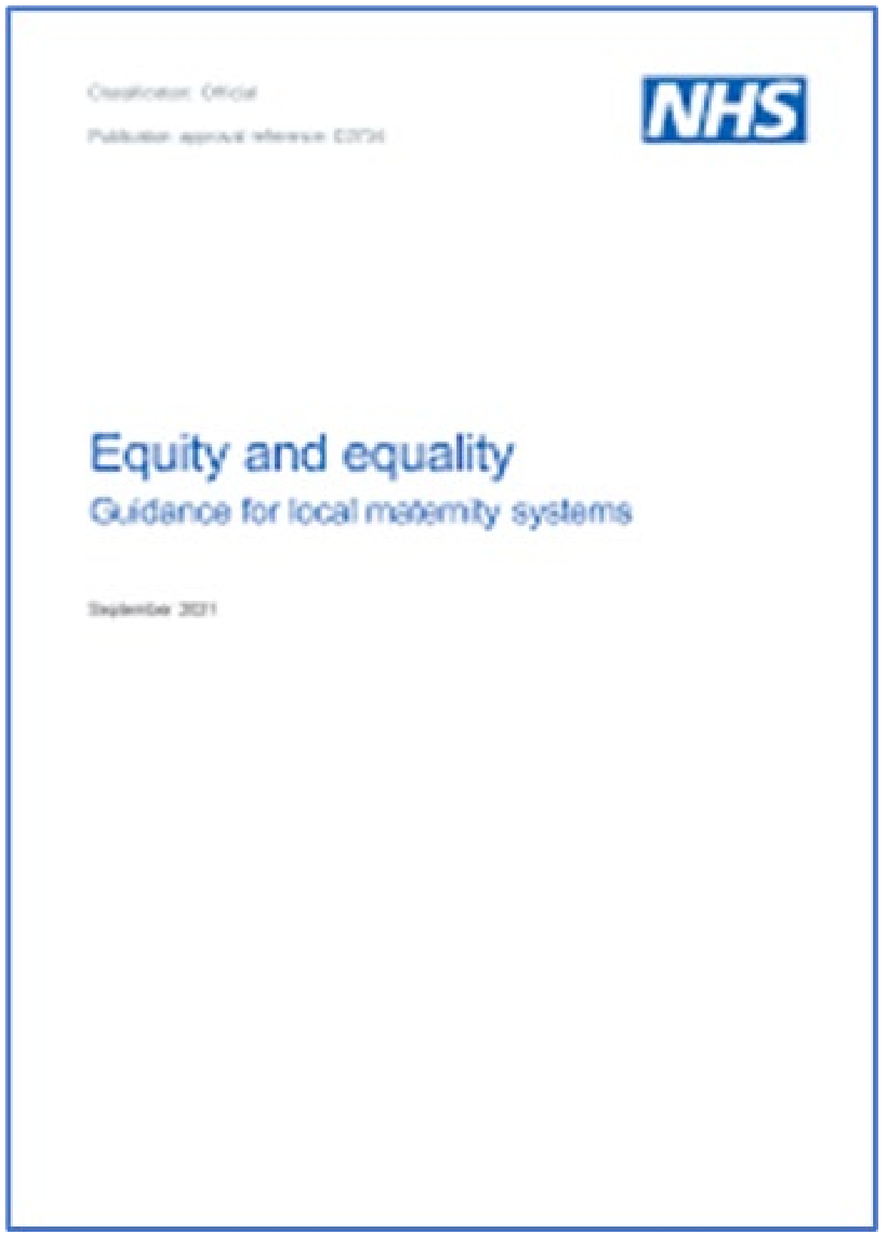
Reducing Inequities: implementing targeted interventions



"The MBRRACE-UK reports about maternal and perinatal mortality show worse outcomes for those from Black, Asian and Mixed ethnic groups and those living in the most deprived areas. This guidance seeks to respond to those findings."

click here to access: Equity and Equality Guidance for Local Maternity Systems

Lancashire and South Cumbria | Maternity and Newborn Alliance

What matters to you, matters to us

NHS Lancashire and South Cumbria Integrated Care Board

LANCASHIRE AND SOUTH CUMBRIA MATERNITY AND NEONATAL EQUITY AND EQUALITY PLAN

Our vision for improving Equity and Equality

Our vision is for Lancashire and South Cumbria to be the safest place in England for all women to have a baby and for all babies to have the best start in life.

Who are we?

The Lancashire and South Cumbria Maternity & Neonatal System brings together partners with a specific aim to improve maternity and neonatal services:

- Four NHS Maternity Provider Trusts
- Northwest Neonatal Operational Delivery Group
- Maternity & Neonatal Voices Partnerships and service users
- NHS Lancashire and South Cumbria Integrated Care Board

Why do we need a plan?

Statistics have shown us that Black and Asian women have a higher risk of dying in pregnancy:

WHITE WOMEN	ASIAN WOMEN	MIXED ETHNICITY	BLACK WOMEN
7/100,000	12/100,000	15/100,000	32/100,000
	x2	x2	x4

In Lancashire and South Cumbria X% of our population are from a Black, Asian or mixed ethnicity background

	LEAST DEPRIVED	MOST DEPRIVED
Women living in less affluent areas have a higher risk of dying during or after pregnancy	8/100,000	14/100,000
	20%	20%

	MOST DEPRIVED	MOST DEPRIVED
In Lancashire and South Cumbria 31% of our population fall into the "most deprived" category. In Blackpool - 70%	LSC	Blackpool
	31%	70%

WE WILL DO THIS THROUGH....

- Having the same core maternity and neonatal services available to all women & families (equality)
- Planning and providing enhanced or specialist services for those with extra needs (equity)
- Implementing care that is personalised to meet the unique needs of every woman, baby and family
- Being data and service user insight informed
- Meaningfully analyse of data
- Co-producing targeted interventions with our service users and health and care practitioners
- Collaborating with all relevant local organisations and stakeholders
- Utilising digital innovations to enable access whilst ensuring none are excluded

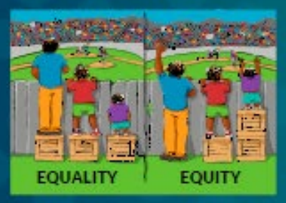
The Plan

Implementing the NHS National Equity & Equality Guidance for Maternity & Neonatal Services: Equity and equality: Guidance for local maternity systems (england.nhs.uk) **Four priority areas:**

PRIORITY 1:	Restore NHS Services Inclusively (Covid-19 4 Actions – Complete)
PRIORITY 2:	Mitigate against digital exclusion
PRIORITY 3:	Ensure Datasets are complete and timely
PRIORITY 4:	Accelerate preventative programmes that engage those most at risk of poor health

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

Our Values



Proportionate Universalism

To 'raise and flatten' the inequalities gradient, universal action is needed with a sale and intensity that reflects need

Collaboration Achieving

Equity will require unity and co-ordinated effort across many stakeholders, especially to tackle the social determinates of health

Co-production

Interventions are more likely to be culturally & socially relevant & clinically effective if parents and staff work in partnership to improve clinical quality

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Publishing our Plan

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Integrated Care Board

MATERNITY

Integration of Services in Family Hubs

L&SC ICB Health Inequalities Steering Group

L&SC ICB Local Maternity and Neonatal System Board

LMNS Equity & Equality Oversight Group

NHSE NW Maternity Improving Equity Collaborative

NW Coast Diabetes Clinical Network Programme

L&SC Postnatal Diabetes Prevention Pathway Working Group

L&SC Maternal Nutrition Steering Group

NHSE Tobacco Control Programme

L&SC Smoking in Pregnancy Alliance

L&SC Vaccination in Pregnancy Group

L&SC ICB COVID-19 Vaccination Board

NHSE NW Screening and Immunisation Meetings

NW National Infant Feeding Network

L&SC Infant Feeding Network

Antenatal Education

LCC BSIL's Senior Children's Operational Group

NHSE Culturally Sensitive Genetic Services Programme

Pennine Close Relative Marriage and Genetic Risk Oversight Group

Trauma Informed Care in Perinatal Services Project Group

L&SC ICB Trauma Informed Training & Education Network

Placental Growth Factor Screening Project Group

NHSE Innovation for Healthcare Inequalities Programme

L&SC Maternity and Neonatal Insight, Co-production and Engagement Network

L&SC Local Authority Start 4 Life and Family Hub Steering Groups / Boards

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Shared pledges across the LMNS

Data:

- Representation: consider breadth of data diversity
- High quality data: need, outcome, activity
- Resourcing for equity

Insight:

- Relationships and listening at the heart
- Trauma informed services, care, workforce and response
- Innovation: the risk of new ideas

Service Models:

- Continuity models across the ICB
- Joint system working on key workstreams
- One stop shop with accessible care
- Life course approach - seamless journey

Approach:

- Well –informed, well-trained staff
- Focus on leadership and safety culture
- Build a sustainable workforce: Listen and Learn

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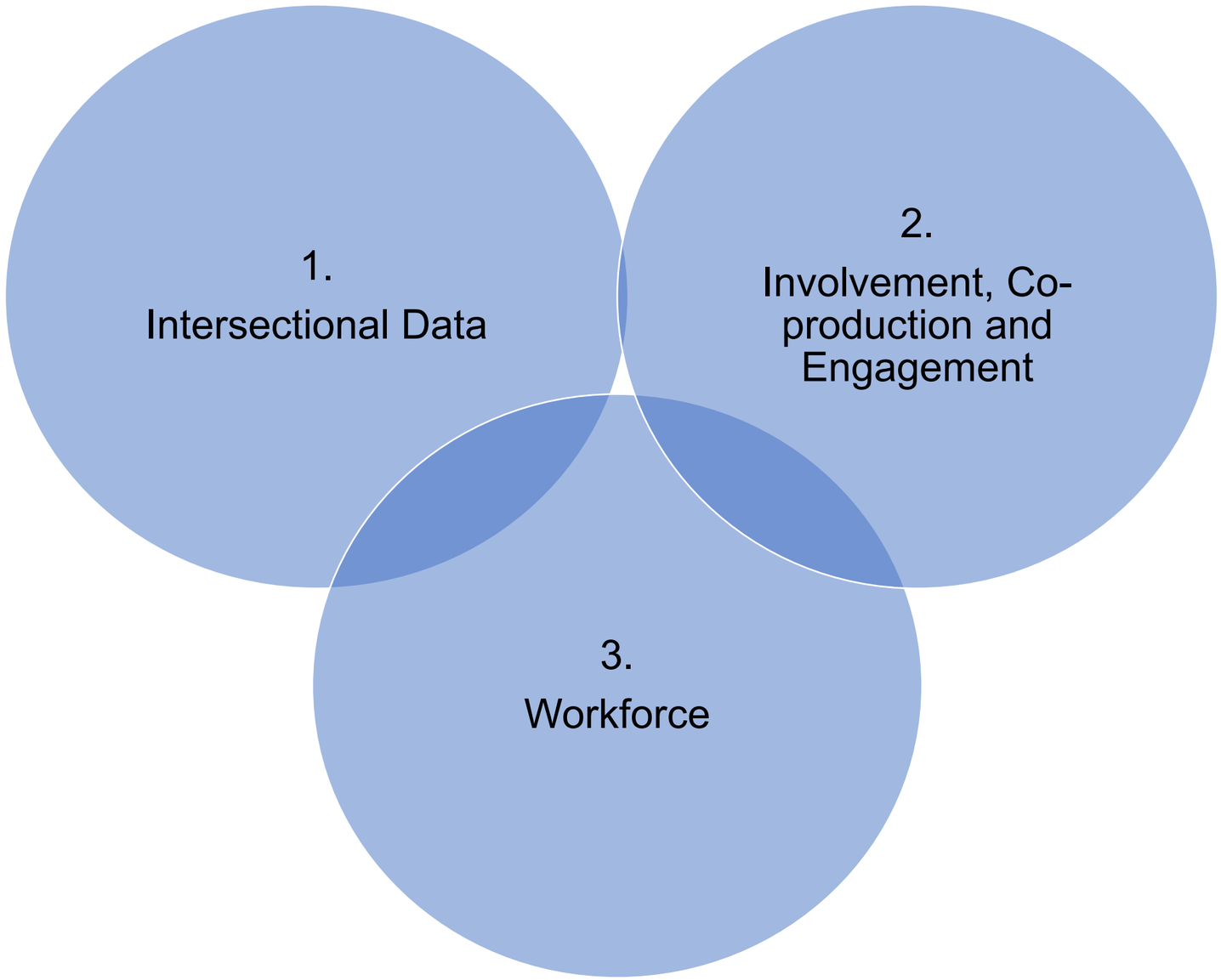
Enablers



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LMNS Operational Process Map

Strategic Direction

National Deliverables

National Directives

Mandated Activity

ICB Objectives

Operational Review

Operational Scoping and Planning

Stakeholder engagement

Governance

Data / Insight

Data metrics agreed

Data availability and sources

Service user insight sought

Data Analysis

Differentiated, inter-sectional Population Health Needs Analysis incl. areas with highest need, areas to learn from

Thematic analysis of insight

Baseline of data and insight available

Operational Prioritisation

Intervention Planning

Co-production

Project / Work package design

Operational Delivery

Delivery against milestones

Progress reporting

Outcome Measures

Differentiated, inter-sectional data analysis repeated and service user insight to evaluate and report outcome and process measures and to inform continued service development and commissioning intentions

LMNS Core Team

Clinical and Project Leads

Workstreams and Projects

Maternity Digital Intelligence Group

Insight, Co-production and Engagement Network

Commissioning Support Unit

Insight, Co-production and Engagement Network

Workstream Meetings

Insight, Co-production and Engagement Network

Workstreams & Projects

Commissioning Support Unit

Classification: Official

Publication approval reference: C0734

NHS

Equity and equality

Guidance for local maternity systems

September 2021

Contents

Priority 1:
Restore NHS Services Inclusively

Priority 1: Restore NHS Services Inclusively:

Continue to implement the COVID-19 four actions

Coralie Rogers

Lancashire and South Cumbria Integrated Care Board

No.	National or Local	Intervention title	Process Indicators	Outcome Indicators	RAG
1	N	Increase support for at risk pregnant women (lowering of threshold)	Implementation of the COVID-19 four actions	Nil	
	N	Reach out and reassure BAME women with tailored communications	Nil	Nil	
	N	Hospitals discuss vitamins, supplements and nutrition in pregnancy with all women – focus on vitamin D and folic acid	Nil	Women using folic acid	
	N	All providers record on MIS the ethnicity, postcode, co-morbidities, BMI and age 35 or over for every woman.	Nil	Nil	

Restore NHS Services Inclusively: Intervention 1-3

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Increase support for at risk pregnant women (lowering of threshold)

- L&SC in conjunction with MNVP and the other LMNS in the North West developed a series of safety information leaflets for women which were translated into locally most common used languages.
- Hospital staff targeted women at high risk with information.
- Branded flyers and merchandise disseminated locally
- #NWMaternitySafetyInformation

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Restore NHS Services Inclusively: Intervention 4 (source MSDS)

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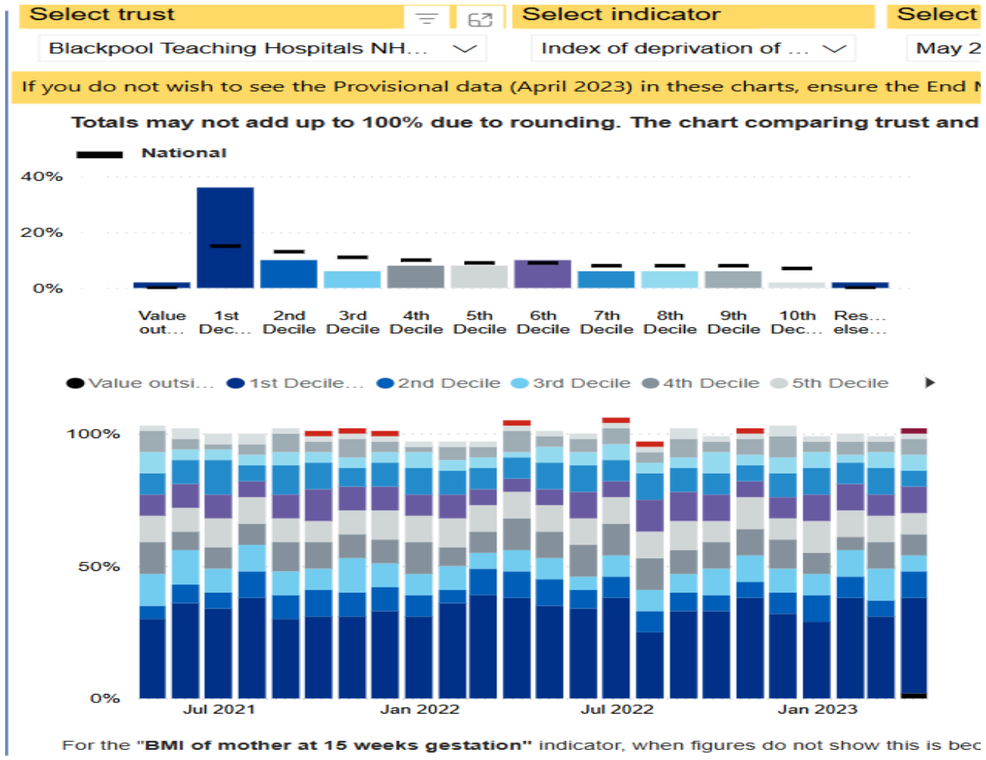

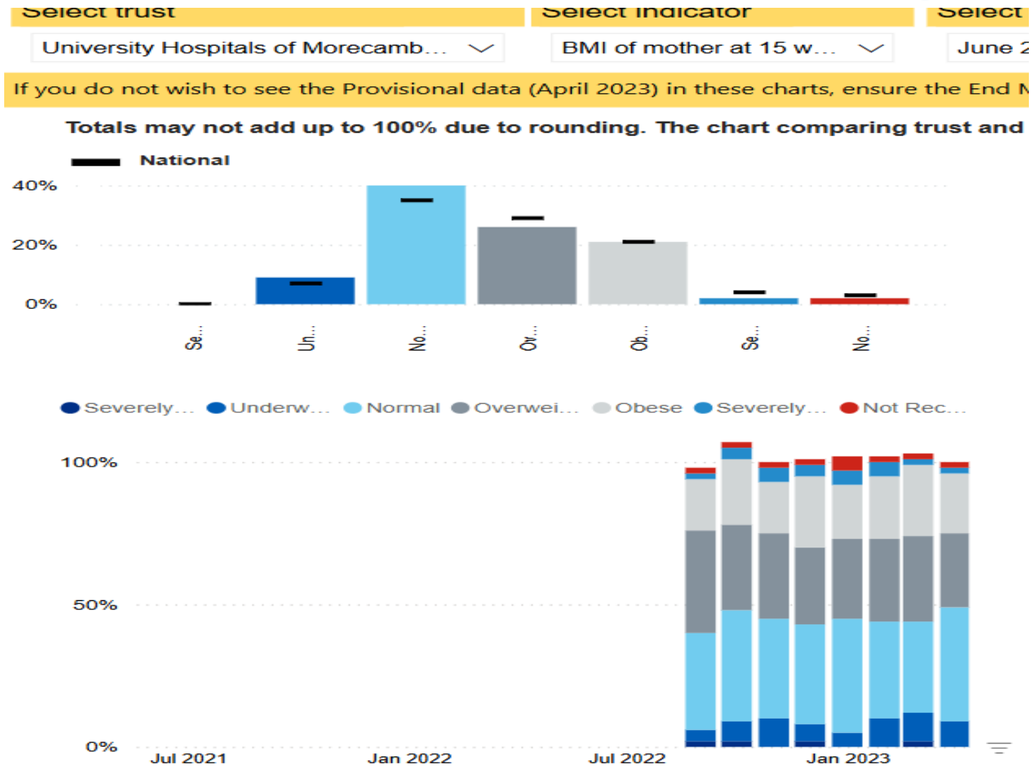

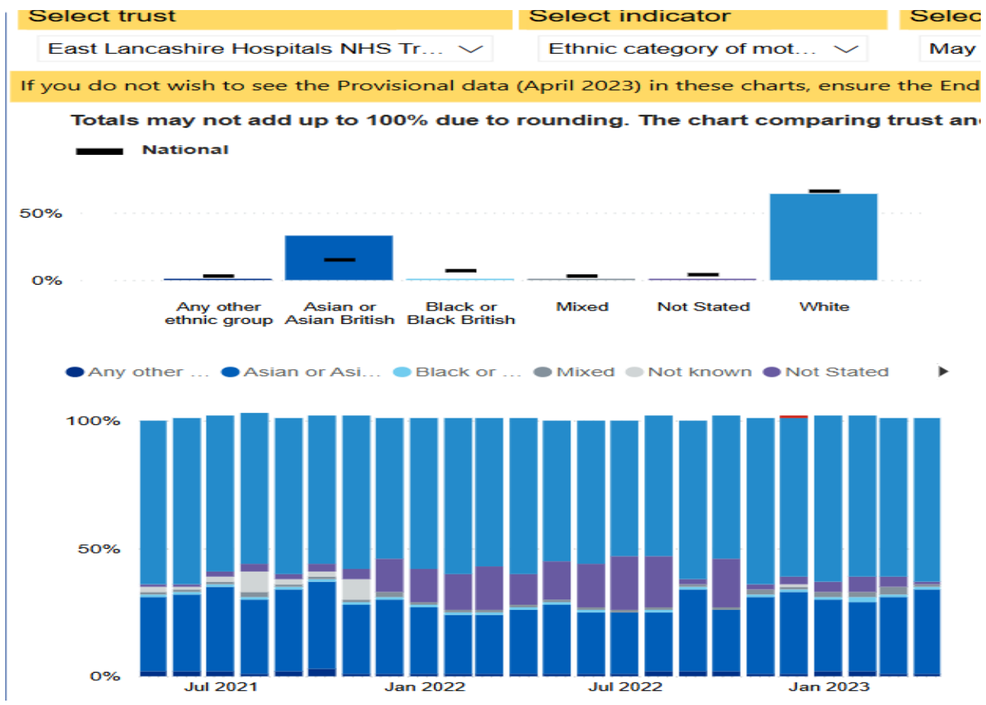

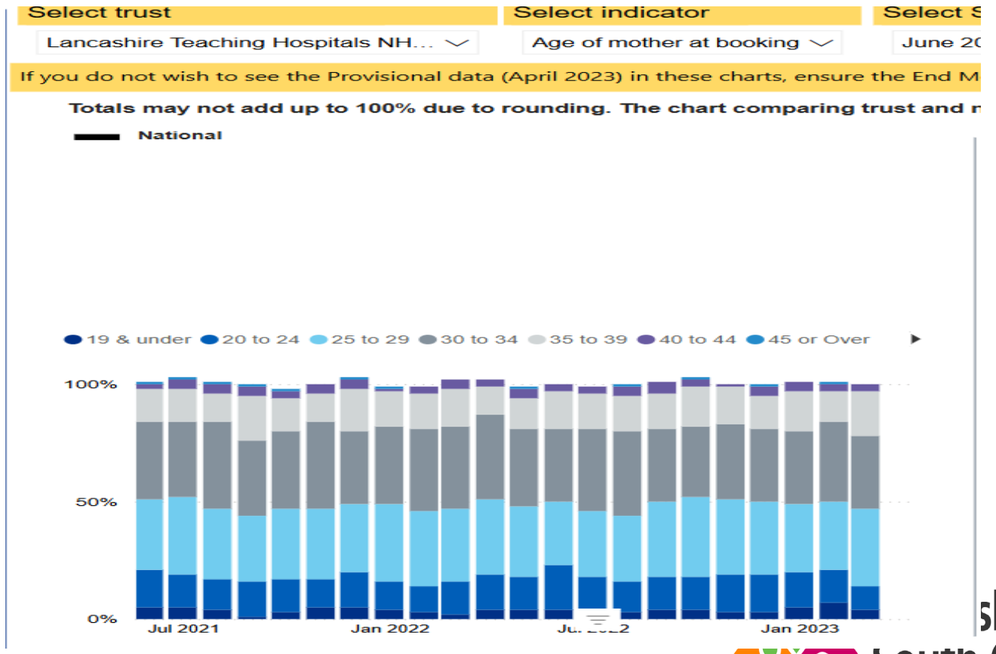

Priority 2:
Mitigate against Digital Exclusion

Priority 2: Mitigate against Digital Exclusion

Coralie Rogers

No.	National or Local	Intervention title	Process Indicators	Outcome Indicators	RAG
1	N	PCSPs are available in a range of languages and formats for those experiencing digital exclusion	The number of women with a PCSPs covering AN care by 17/40, intrapartum care by 35/40 gestation and PN care by 37/40	Information recorded on the maternity EPR	
			The numbers of women who had all three of the above in place by the gestational dates.		
			All indicators are available with breakdowns by ethnicity and index of multiple deprivation		

Mitigate against Digital Exclusion

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- *PCSP is a series of documented consultations, specialist reviews, support conversations and management plans centred to the woman/pregnant person, their family and baby.*
- *The documentation demonstrates recognition of what matters to the woman/pregnant person, informed discussions between the health care practitioner and the woman/pregnant person, information sharing, signposting and decision making about their care.*
- *All this detail is held by the woman/pregnant person within their electronic record.*
- *The actual management plan will demonstrate the woman's/pregnant person's actual plan for their care in the antenatal, intrapartum, and postnatal period.*

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Mitigate against Digital Exclusion

- The Trusts have signed up to the Good Things Foundation, with local guidance in place to support women to access free, unrestricted data to reduce digital poverty and improve access to information throughout the maternity journey.
- Our 3 Year Strategy To Fix The Digital Divide | Good Things Foundation

SHARE YOUR THOUGHTS

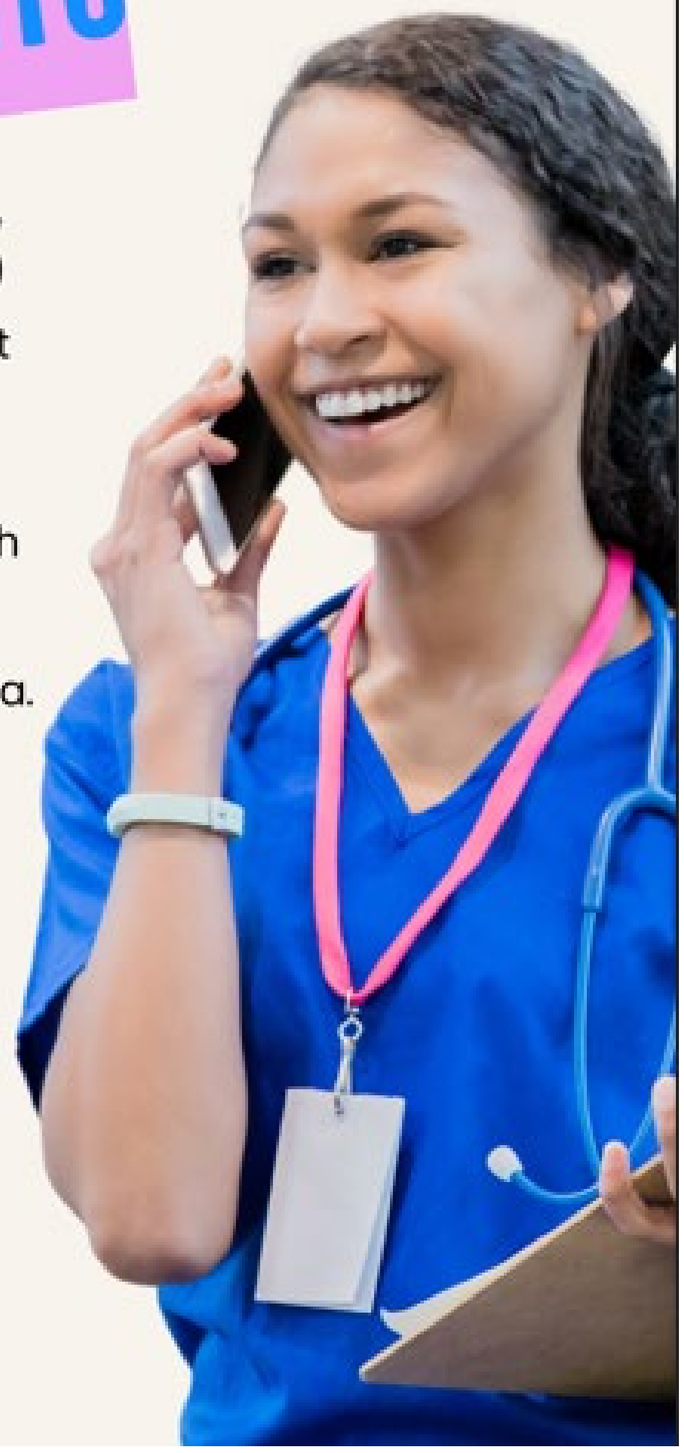
NHS
Lancashire and South Cumbria
Integrated Care Board

Survey hosted by
healthwatch Lancashire

Maternity: Personalised Care and Support Planning (PCSP)

Did your maternity care reflect your needs, preferences, and choices?

Share your experience through our survey to help improve personalised care across Lancashire and South Cumbria.



Priority 3:

Ensure Datasets are Complete and Timely

Priority 3: Datasets are correct and timely

Coralie Rogers

Lancashire and South Cumbria Integrated Care Board

No.	National or Local	Intervention title	Process Indicators	Outcome Indicators	RAG
1	N	MISs continuously improve data quality of ethnic coding and the mother's postcode.	Safety action 2, category 9: data submitted to Maternity Services Data Set (MSDS) contains valid postcode for mother at booking in 95% of women booked in the month. Ethnicity data quality (source: Regional Measures Report). Safety action 2, category 10: data submitted to MSDS includes a valid ethnic category for at least 80% of the women booked in the month. Not stated, missing and not known are not valid records	Nil	

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Datasets are correct and timely (source MSDS)

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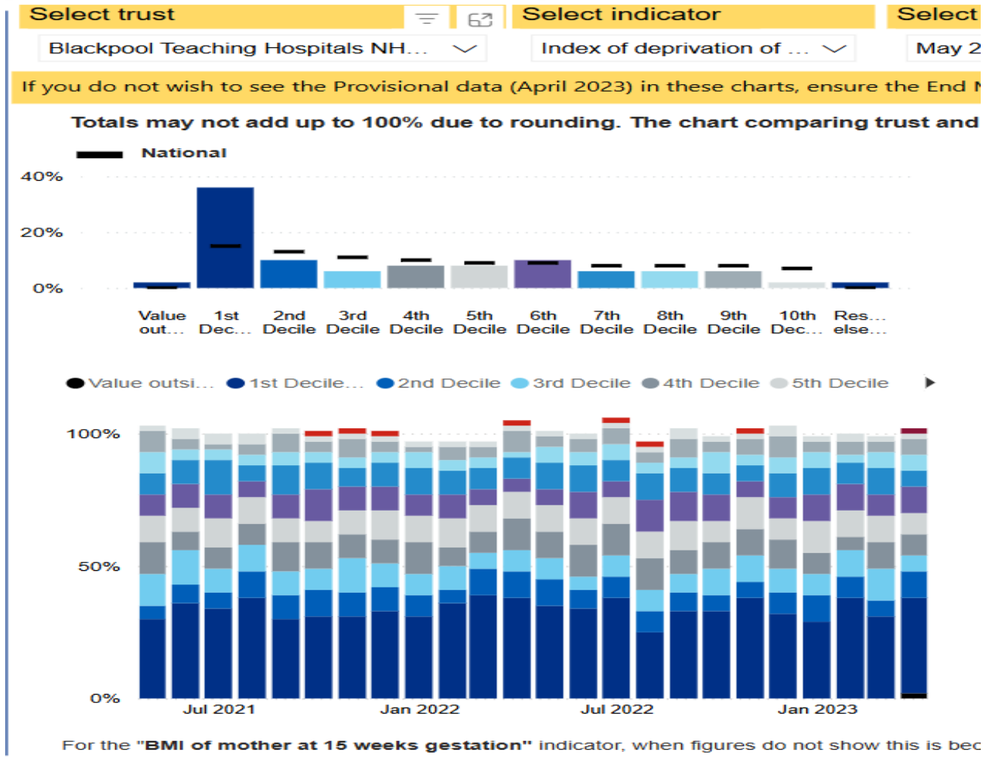

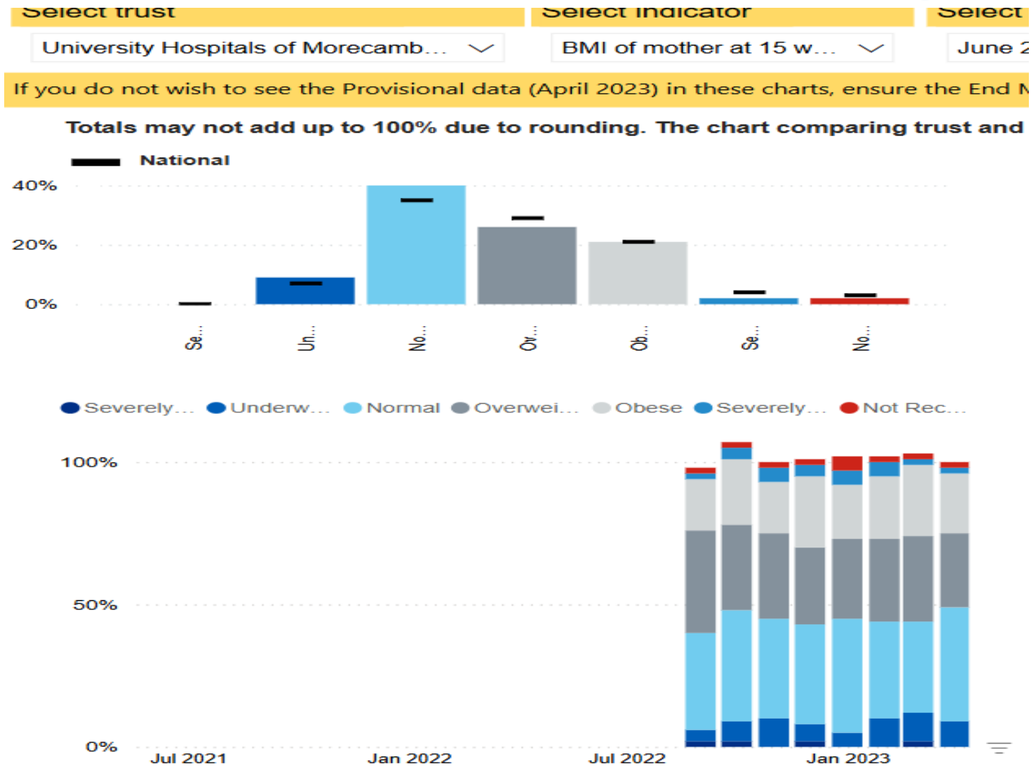

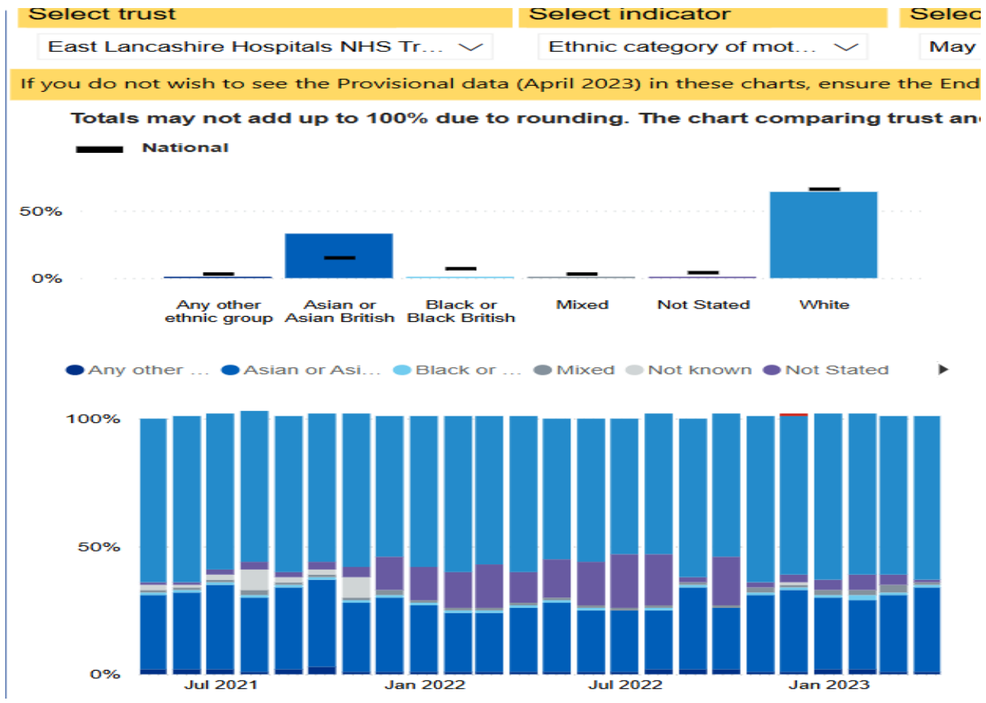

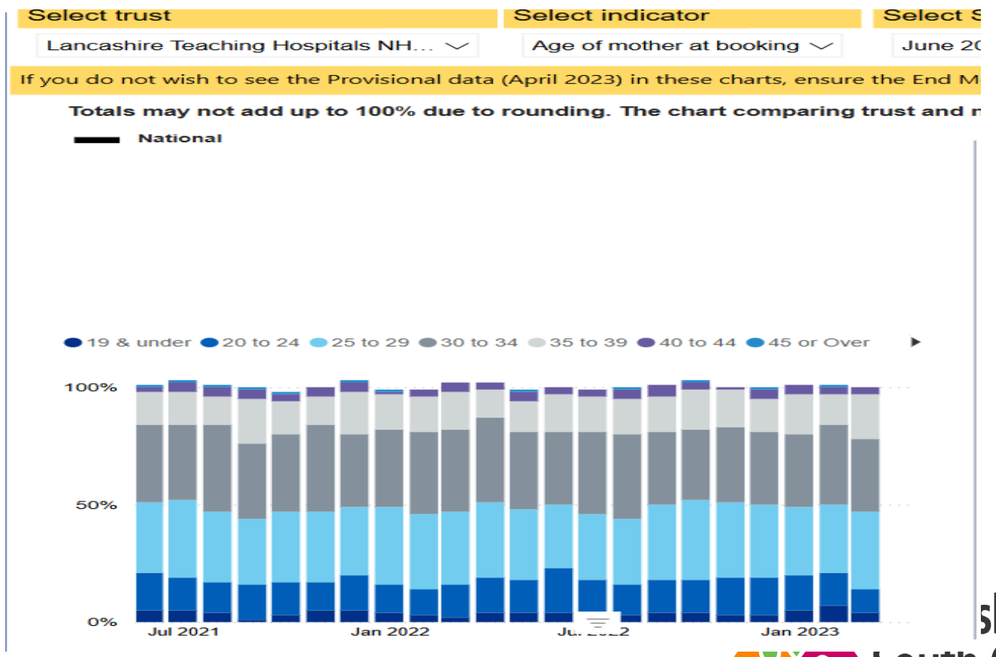

Priority 4:

Accelerate preventative programmes that engage those at greatest risk of poor health outcomes:

Priority 4a:
Understand your population and co-produce interventions

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

Alexandra Murphy

Lancashire and South Cumbria Integrated Care Board

No.	National or Local	Intervention title	Process Indicators	Outcome Indicators	RAG
1	N	Understand local population's maternal and perinatal health and social determinant needs.	Nil	Nil	
2	N	Map community assets.	Nil	Nil	
3	N	Undertake baseline assessment of the experience of maternity and neonatal staff by ethnicity using WRES indicators 1 to 8.	Nil	Nil	
4	N	Set out a plan to co-produce interventions to improve equity for mothers, babies and race equality for staff.	Nil	Nil	

Priority 4a, Intervention 1: Population Health Needs Analysis

NHS

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

Target population

CORE20 PLUS 5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

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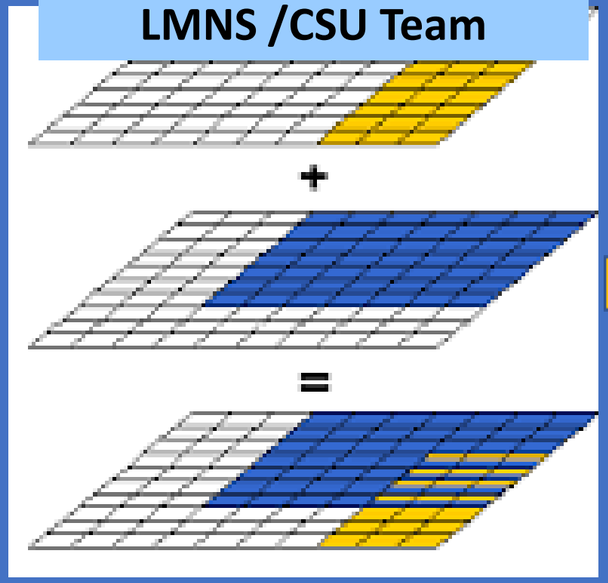
From Data to Action

Practitioners

Maternity

- Ethnicity
- Postcode
- Project specific – eg lifestyle assessment

LMNS /CSU Team



Intersectionality (def: interconnected social categorisations which create overlapping / interdependent systems of discrimination or disadvantage) → Data is overlayed, analysed and priority populations identified

Workstreams

ICE work and asset mapping undertaken to co-produce service design with communities and workforce. Evaluation informed by data and insight.

BadgerNet electronic patient record implemented in all four providers – standardised data collection and coding.

Data metrics developed – now being mapped against BadgerNet coding.

Awaiting development or procurement of a single repository to enable system-wide collection and comparison. Work actively being done to expedite resolution and interim workarounds by receiving reports from individual Trusts.

Population Health Baseline Data:

Sub-section 1: Our population

Key Insights: Our Population

- 36.2% of the ICS's registered female population is aged 15-44 (our definition of reproductive age) – generally lower than England
- White British (87.4%) and Asian/Asian British (10.3%) are the majority ethnic groups – with the difference ranging across the districts from 59.4% to 97.7% and from 1.0% to 37.5% respectively.
- 7% of women do not consider English to be their first language (12% England), ranging from 2% to 17% (BwD) across districts
- There are double the number of these women living in decile 1 – 22.3% compared to England average of 11.1%. Neighbourhoods in Blackpool account for 8 out of the 10 most deprived neighbourhoods nationally. Blackpool and Burnley have proportionately more neighbourhoods ranked as highly deprived on six of the seven domains.
- There are just less than half the number of these women living in decile 10 – 4.7% compared to England average of 8.0%
- 17.6% of these women live in a rural area with associated challenges of increased cost of living and restricted or limited access to services.
- Fertility rates are declining locally and nationally but locally remain above national average. Population growth estimations are above national average.
- Disease prevalence from risk stratification datasets for these women who had a maternity admission show a previous diagnosis of depression in 22% and asthma in 7%
- On the whole, districts of L&SC routinely perform poorly against the national average for female life expectancy at birth.
- Many of L&C districts fall within the worst quintile for female inequality in life expectancy at birth year after year.

Population Health Baseline Data:
Sub-section 2: Best Start in Life

Key Insights: Best Start in Life

- 400,000 0-19 year olds, similar age profile to national, similar gender split to national (49% female: 51% male)
- Higher proportion of 0-19s live within the most deprived LSOAs, compared to nationally

- Significantly higher proportion of under 16s living within absolute low income, compared to nationally – areas of concern are BwD, Blackpool, Burnley, Hyndburn, Pendle, Preston and Rossendale.
- Smaller proportion of children within households at risk of becoming homeless within 56days or already homeless, compared to nationally. However, areas of concern include BwD, Chorley, Rossendale and South Ribble.

- Women have better early access to maternity care than national average, especially during first pregnancy, for White/White British and women aged 25-34. Despite this, areas for improvement are women from Central Lancashire, women aged <25 or >35, women who are Mixed ethnicity, Asian or Black, women with subsequent pregnancies.
- Average of 1398 bookings pcm – 63% of which before 70th day of gestation. Most mothers aged between 25 and 34, and from a White background.

Key Insights: Best Start in Life

- Consistently performs worse for SATOD at 12.7% compared to national average of 9.3% and target of 6%. Five of eight CCGs perform significantly worse, Blackpool has worst rates in country at 23.5%. However, women setting a quit date in Blackpool and Upper Lancashire are in line with the national average. CO monitoring compliance low at 6.3% in 20/21, but may be accounted for by pause of this activity during COVID-19.

- Higher proportion of obese pregnant women than the national average. The majority of these women live within deprived areas. . Blackpool is an area for future focus. (BwD, Blackpool and Lancashire have higher rates of reception and year 6 age childhood prevalence of overweight compared to national average. Blackpool is of particular concern – both reception age and year 6 age overweight prevalence is significantly above national average.)

- 17.2% of women attending secondary care via maternity admission, had a secondary diagnosis recorded against their admission. This aligns with 17% of women booked between Jan-Aug 21 having a recorded mental health prediction and detection indicator.

- Higher proportion of births recorded to a teenage mother compared to national average. Under 18 conceptions more likely to occur in females living in deprived areas.

Key Insights: Best Start in Life

- Higher proportion of low birth weight babies – babies living in BwD and EL at greatest risk.

- Performs well for Baby's First Feed. However, Blackpool and West Lancashire perform worse than national average.
- 49.1% had skin to skin contact within 1 hour.

- Just under half of pregnant women have had two doses of COVID-19 vaccination. Note: some women are not yet due for their second dose. Women from PCNs within Pendle, Hyndburn, West Lancashire, Wyre, Blackpool and Blackburn, women younger than 34 and women who are not White are areas to focus future messaging for.

- Locally, as for nationally, recent increases in neonatal mortality (up to 28days) mean there has been little change in 2017-19 compared to 2010-2012 period. BwD and EL have seen particularly high rates of neonatal mortality.
- Good improvements in post-neonatal mortality rate (28days – 1yr), reducing by over 40% since 2010-2012 – this has seen L&SC move from being significantly above national average to being in line with it. Areas to focus on for further decreases are Blackburn with Darwen, Blackpool and East Lancashire.
- Infant mortality (0-1yr) rates are in line with England. However, Blackpool and East Lancashire have higher rates than England and those living within the most deprived areas are of greater risk.

Population Health Baseline Data:

Sub-section 3: Better Births

Source: Public Health England

Key Insights: Better Births

- 17, 207 women gave birth 20/21. ONS show that the overall number of births has been decreasing year on year since 2016. Of these:
  - 76.8% laboured
  - 66.5% had 1:1 care in labour
  - CoC dataflow available for only 3 of the 4 Trusts in the LMNS – ELHT unable to provide. Staffing pressure across the system led to some CoC teams discontinuing, aligning with national pause of the programme.
  - Local data collection in 20/21 shows 52.3% spontaneous cephalic vaginal birth, 34.9% caesarean section rate, 11.7% instrumental, 0.4% breech. PHE data about caesarean section rates show that L&SC recorded a lower proportion than the England average in the year prior to local data 19/20 – rate at 27.1%.
  - 80.3% in obstetric units, 9.3% in assessment or triage area, 4.4% alongside birth centre, 3.9% freestanding birth centre, 1.6% homebirth
  - 62.1% aged between 25 and 34.
  - Lower rate of multiple births than England average
  - Lower proportion of births to mothers from Black, Asian or Mixed Ethnicity backgrounds than England average, however BwD and EL recorded a higher proportion.
  - Locally commissioned ENABLE study report highlighted four themes in relation to the perinatal needs and care of BAME women in L&SC, from which we can learn.

Key Insights: Better Births

- 17, 349 liveborn babies. Of these:
  - 90.7% full-term, 6.6% moderate-late preterm, 0.8% very preterm, 0.4% extremely preterm, 1.5% overdue pregnancy
  - 72.3% White, 15.6% Asian, 2.1% Mixed ethnicity, 1.3% Black, 1.6% other
  - 2.1% below or on 3rd centile
  - 213 with Apgar <7 at 5 minutes
  - 20 diagnosed with a brain injury (all gestations)

- 73 stillbirths at or above 24/40. Locally, as nationally, still birth rates have declined over recent years. Local rates in most recent data are 4.3 per 1000 which is line with national average. However, 47% of still births (n=108) would need to be prevented to meet the target of 2.3. Blackburn with Darwen is an area to focus on with a crude rate of 6.0 per 1000.

Population Health Baseline Data:

Sub-section 4: Resource utilisation

Source: Public Health England

Key Insights: Resource Utilisation

- In relation to infant (age 0) admissions (excluding those with a birth related primary admission method and diagnosis):
  - 55% have a zero length of stay,
  - 56% were for male children
  - 28% come from children living in decile 1
  - Most of these admissions are for diseases of the respiratory system (26.4%)
  - 75% are unplanned (emergency). Across L&SC, all CCGs report a higher rate of emergency admission than the national average, with Blackpool being an area of concern.

- All but one of the CCGs perform favourable against the national average for infant (age 0) attendances at A&E. West Lancs has noticeably higher attendance rates – but this may be accounted for by their dedicated children's A&E.

ML
A care system support organisation

NHS

LSC Maternity Services

Booking data deep dive

Nazia Saghir
Business Intelligence Lead (CSU)

Footprint: ICS and LMNS

- The Lancashire and South Cumbria ICS footprint is a complex one, incorporating the unitary authority areas of Blackburn with Darwen, Blackpool and Westmorland & Furness, as well as the upper tier authority area of Lancashire County. It also slightly overlaps into the Cumberland authority district of Copeland and the Yorkshire district of Craven, incorporating a small number of lower super output areas (LSOAs) from these districts.
- In total the footprint is covered by 3 upper tier authorities an ICB, 2 unitary authorities and 16 lower tier authorities.
- The LMNS includes 4 providers of maternity and neonatal care: Blackpool Teaching Hospitals, East Lancashire Teaching Hospitals, Lancashire Teaching Hospitals and University Hospitals of Morecambe Bay.
- Across the LMNS, there are:
  - 5 obstetric units
  - 3 alongside birth centres
  - 4 freestanding birth centres
- Women who live within the ICS Footprint in West Lancashire tend to access maternity care at Southport and Ormskirk Hospital, which is aligned with Cheshire and Merseyside LMNS.

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Some points to note…

- Data is presented from our local maternity services system BadgerNet from our 4 main trusts only (ELHT, LTHTr, BTH and UHMB). Therefore, OOA trusts data is not included
- Not all trusts went ‘live’ to use the BadgerNet system at the same time
- Most of the trends are based on 2 and ¾ years of data from when BadgerNet system went ‘Live’ at all 4 trusts (staggered implementation)
- We understand that some pregnant people do not identify as female, interactions between staff and service users should be personalised to their preferences. However, throughout this document we will be referring to pregnant people as ‘Women’
- Smaller numbers have been omitted or suppressed e.g. over 50 years data
- This is a starter for ten process in future we will doing further deep dive analysis with this type of data to identify trends

Booking data trends

Year	ELHT (Live Apr-21)	LTHTr (Live Mar-21)	UHMB (Live Jul-21)	BTH (Live Oct-21)	TOTAL
2021 (incomplete)	2522	3735	1237	325	7819
2022	7635	4541	2951	2740	17867
2023	6648	4620	2818	2788	16874
2024 (Jan-Apr)	2316	1654	922	920	5812
Total	19121	14550	7928	6773	48372
Average per month	*541*	*385*	*241*	*228*	*1442*
% of Total	*40%*	*30%*	*16%*	*14%*	

The total number of booking are the highest for ELHT and LTHTr overall due to the larger geography area covered by these trust followed by BTH and UHMB

Per Annum approx. 17300 bookings occur across the 4 trusts overall.

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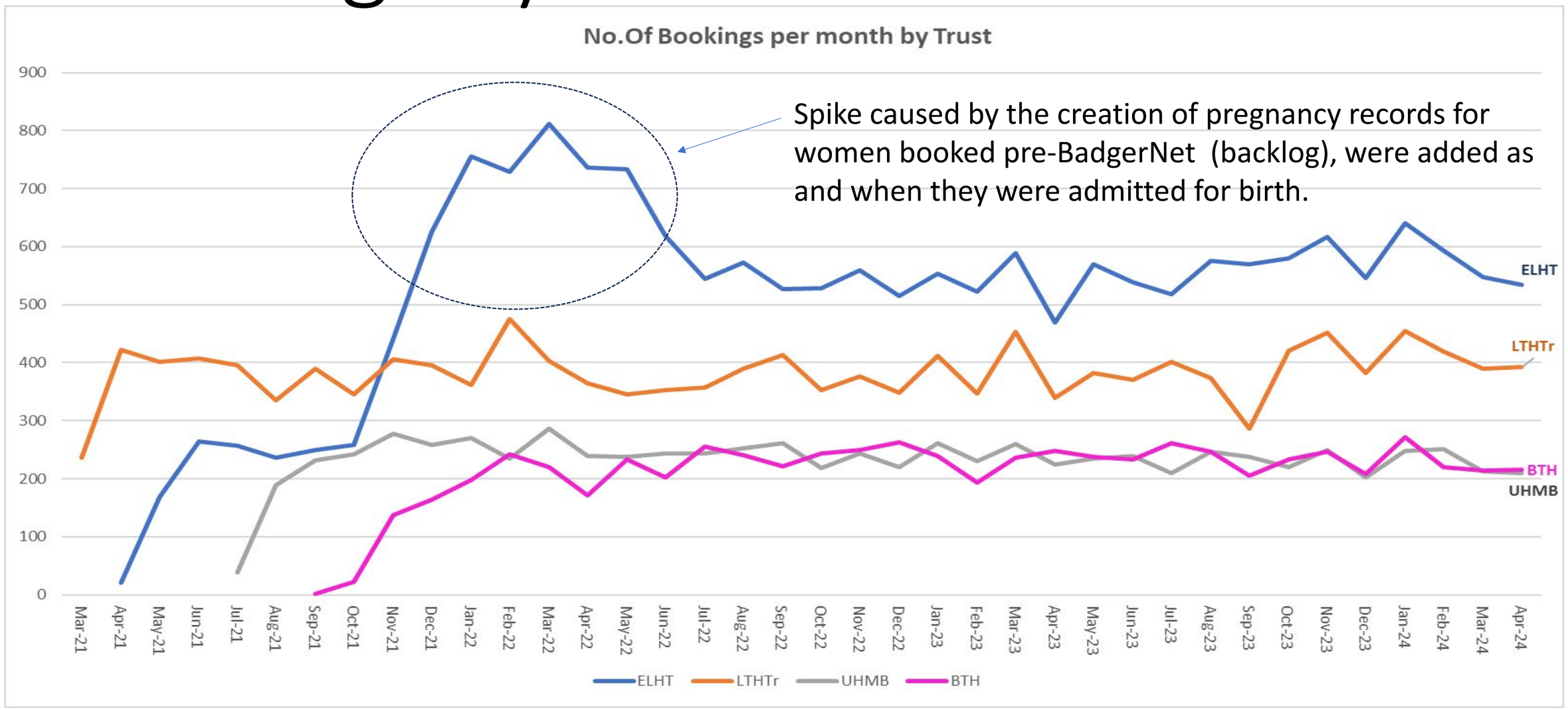
Bookings by Trust



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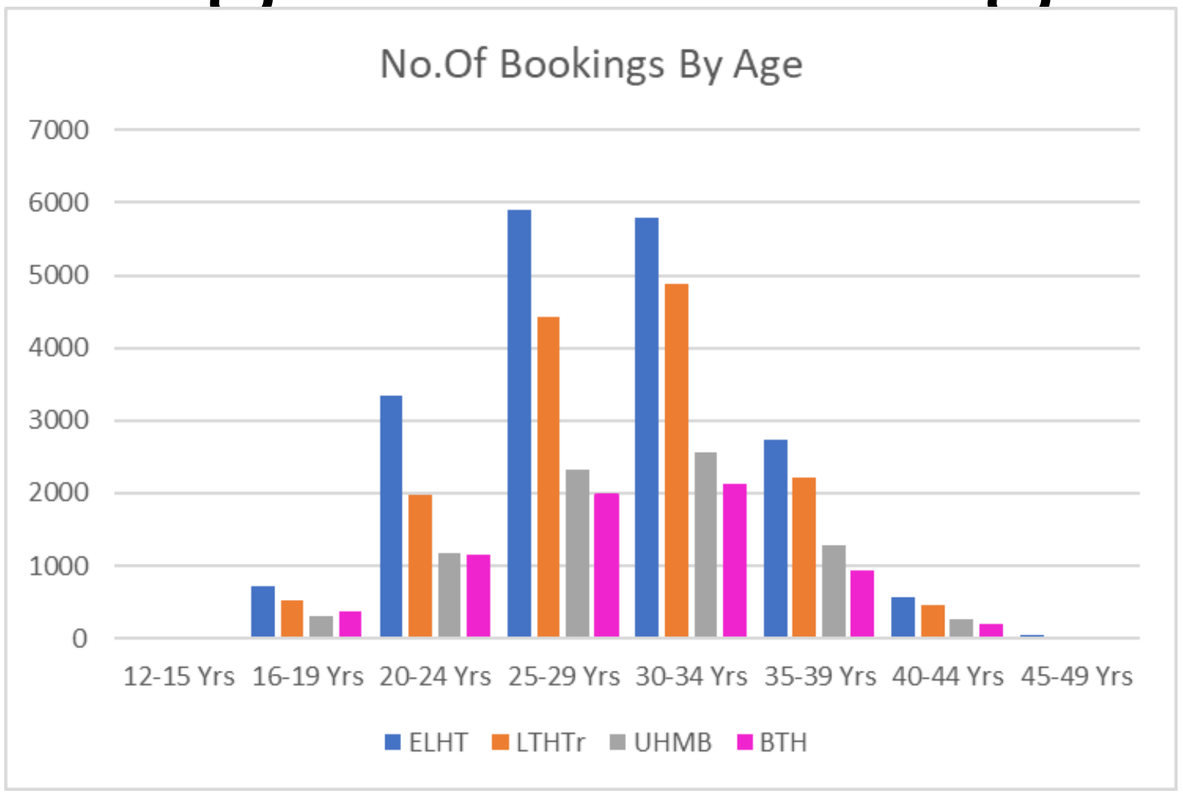
Age at booking



Age Group	ELHT	LTHTr	UHMB	BTH	All 4 Trusts
12-15 Yrs	34	22	14	20	90
16-19 Yrs	718	527	297	374	1916
20-24 Yrs	3335	1985	1170	1146	7636
25-29 Yrs	5911	4428	2333	1977	14649
30-34 Yrs	5784	4876	2566	2120	15346
35-39 Yrs	2726	2225	1279	931	7161
40-44 Yrs	560	459	252	188	1459
45-49 Yrs	39	25	14	12	90
50-54 Yrs	*	*	*	*	9
55+ Yrs	*	*	*	*	*
(blank)	10	1	1		12
Total	**19121**	**14550**	**7928**	**6773**	**48372**

There over 50 years old data which have been omitted from the report due to being numbers below 5
Overall, total for all 4 trusts demonstrates majority of the bookings were made for 30-34 years old. However, ELHT has the most bookings for 20-24 years old by a small percentage overall.

ELHT also has the highest number of bookings for 12-15 years old.

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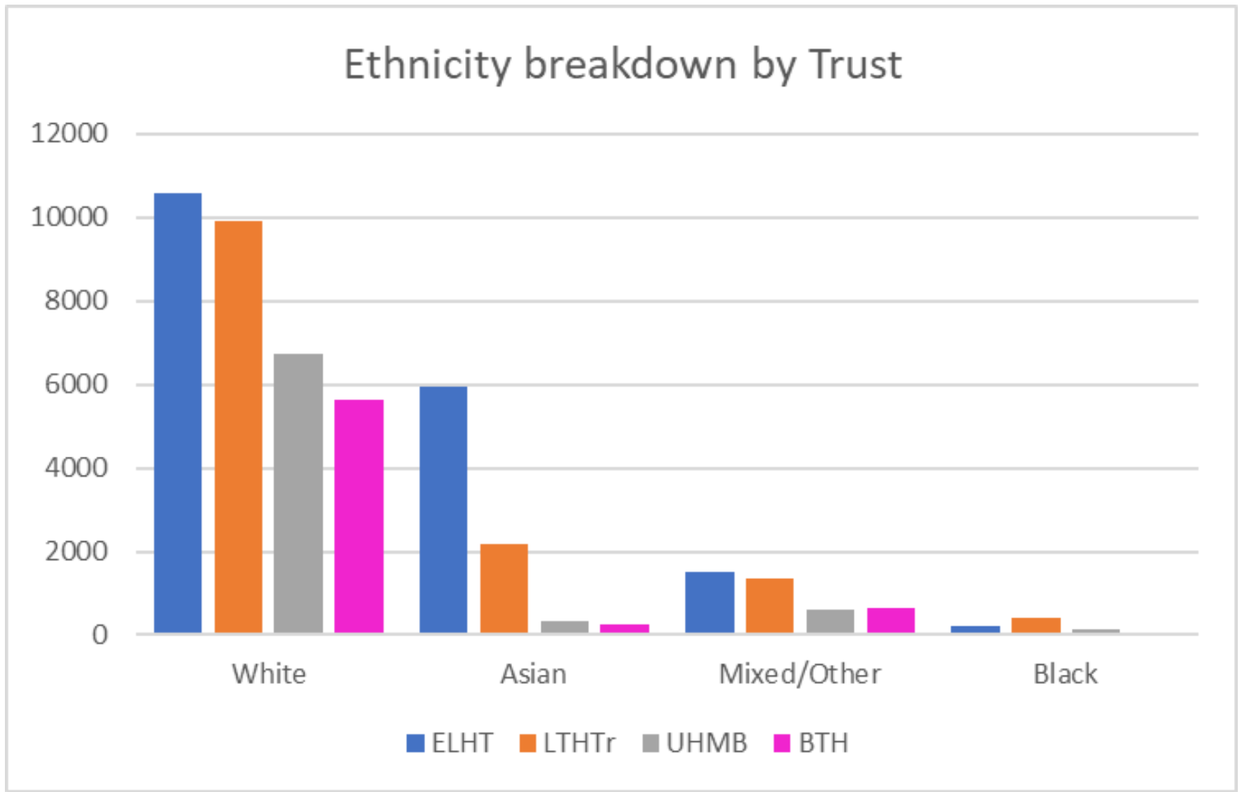
Ethnicity information



Overall, the spread of ethnic group of women being seen at booking reflect the geography population the trust serve

Ethnic Group	ELHT	LTHTr	UHMB	BTH	All 4 Trusts	All 4 Trusts %
White	10559	9889	6742	5648	32838	68%
Asian	5943	2179	334	269	8725	18%
Mixed/Other	1491	1342	596	635	4064	8%
Black	199	417	132	62	810	2%
Not recorded	929	723	124	159	1935	4%
Grand Total	**19121**	**14550**	**7928**	**6773**	**48372**	

Approx 4% of bookings overall did not have an ethnicity group recorded on the system
The data is showing high percentage of Asian ethnic background women being booked in ELHT & LTHTr which therefore shows this to be 2nd highest ethnic group attending all 4 trusts overall

BTH and UHMB shows mixed/other ethnic background as their 2nd highest attending patients

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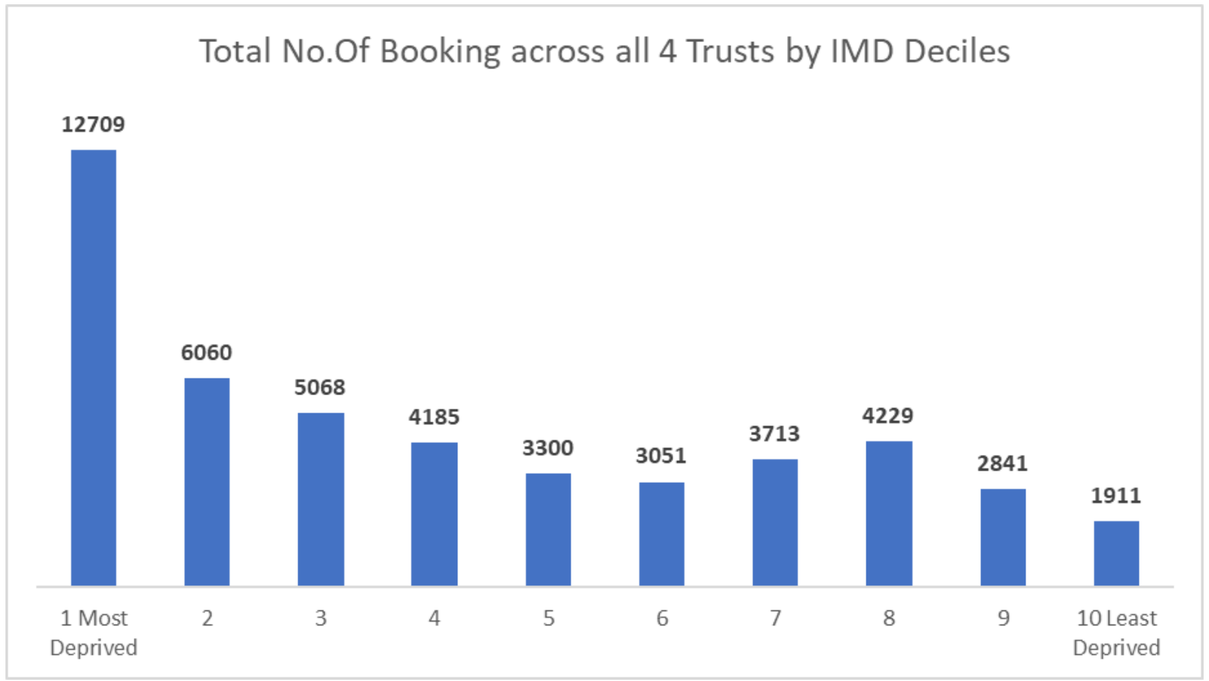
IMD Profile

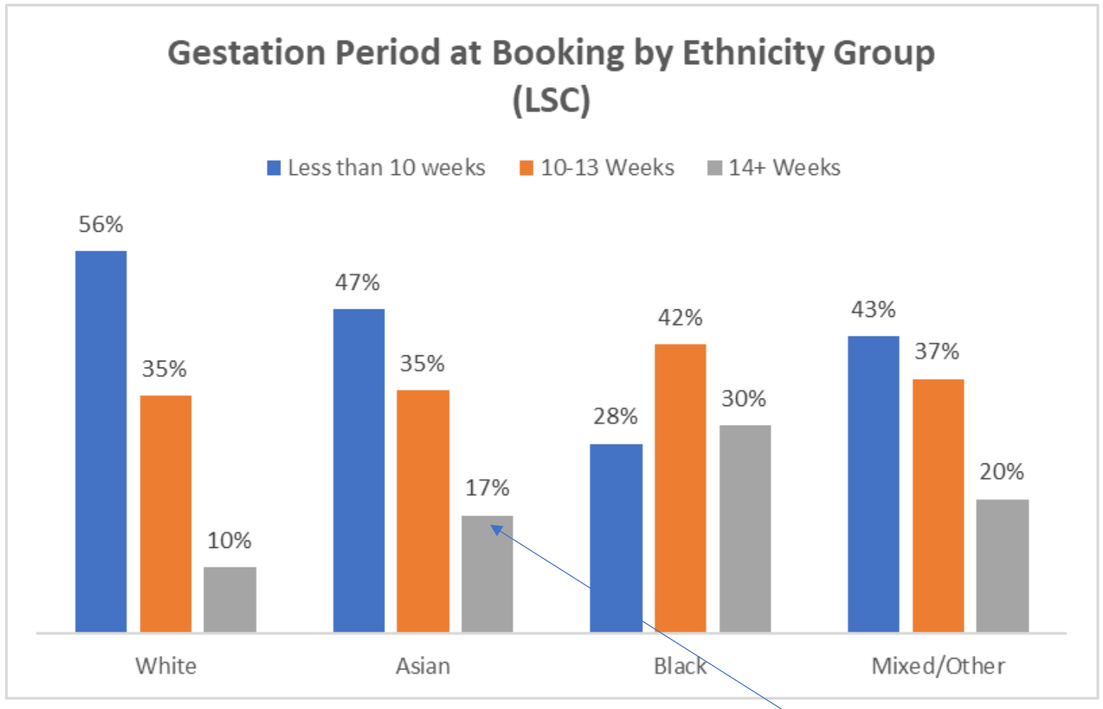


IMD Decile	ELHT	LTHTr	UHMB	BTH	Total 4 Trusts
1 Most Deprived	39%	13%	14%	34%	26%
2	15%	13%	9%	9%	13%
3	11%	10%	10%	10%	10%
4	7%	9%	8%	12%	9%
5	5%	6%	11%	8%	7%
6	4%	7%	11%	5%	6%
7	6%	7%	11%	9%	8%
8	5%	14%	12%	5%	9%
9	4%	9%	6%	5%	6%
10 Least Deprived	2%	7%	5%	2%	4%
Unknown	2%	4%	2%	3%	3%
Blank	0%	0%	0%	0%	0%
Grand Total	**100%**	**100%**	**100%**	**100%**	**100%**

Overall, majority of booking seem to be from deciles 1-3 which is expected given the geography the services cover

Approx 3% of bookings were not able to be assigned to an IMD decile. Majority of the bookings are for deciles 1-3 with ELHT having the highest proportion which is reflective of the geography covered and in terms of quantity

Gestation period at booking…



High Proportion of Black Ethnic group women seem to attend 1st booking around 10-13 weeks and 14+ weeks in comparison to the other ethnic groups.

Higher percentage of Asian and Mixed/Other ethnic group Women seem to have their 1st booking around 14+ weeks.

64% of the White Women attending 1st booking within 10 weeks gestational period are within the 24-34 years old group of which 40% are from IMD decile 1-3

53% of the Asian Women attending 1st booking at over 14+ weeks gestational period seem not to speak English as their primary language and 74% of these are from IMD decile 1- 3 areas

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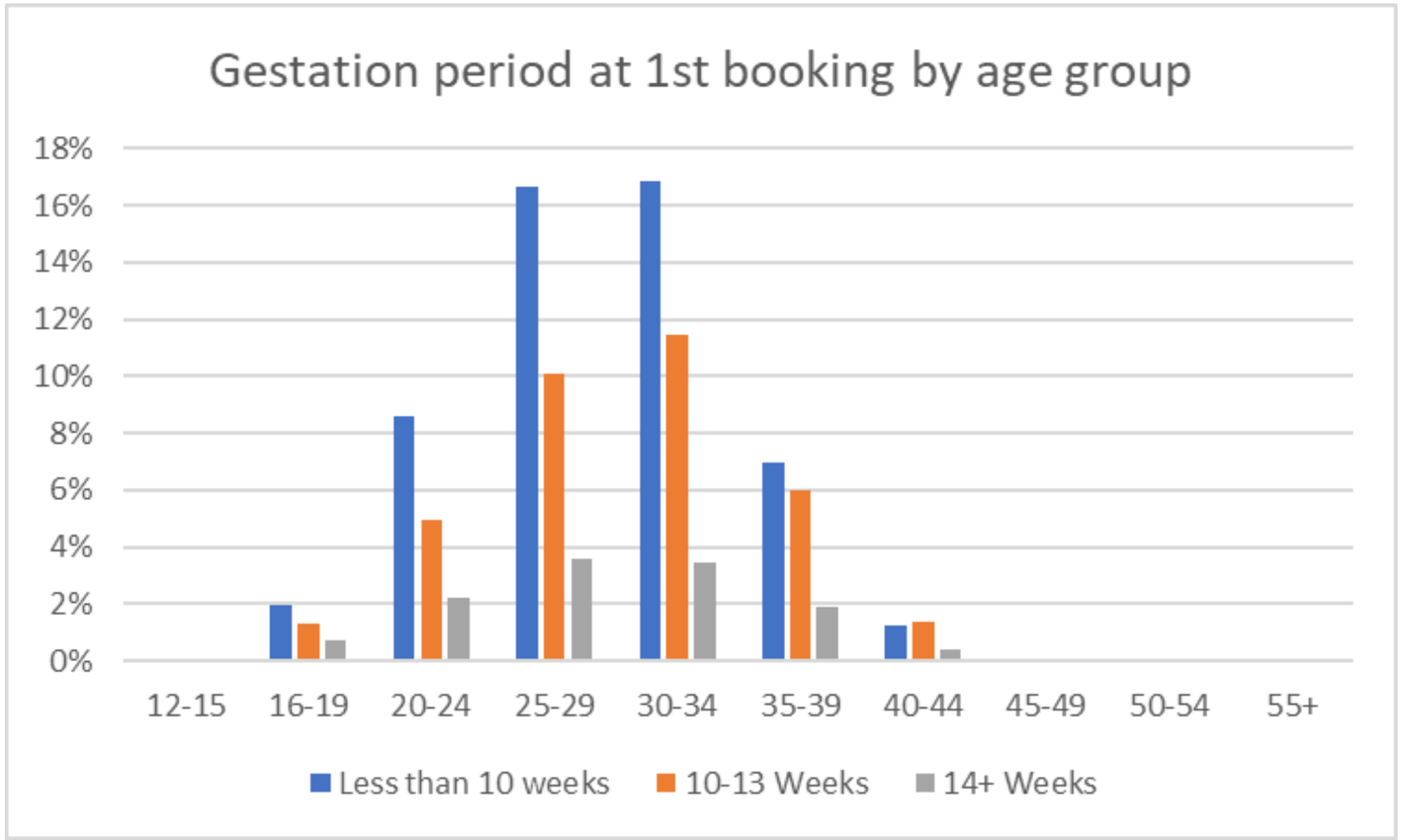
Gestation period at booking



Majority of the age groups are having their first bookings within 10 weeks of pregnancy except the age 40-44 years group, where they seem to attend around the 10-13 weeks gestational period.

Overall, across all ages there is small proportion of women who are booking in at 14+ weeks pregnancy

57% of 1st bookings across the 4 trusts are for women aged 25-34 years old,
18% 20-24 years old and 15% 35- 39 years old

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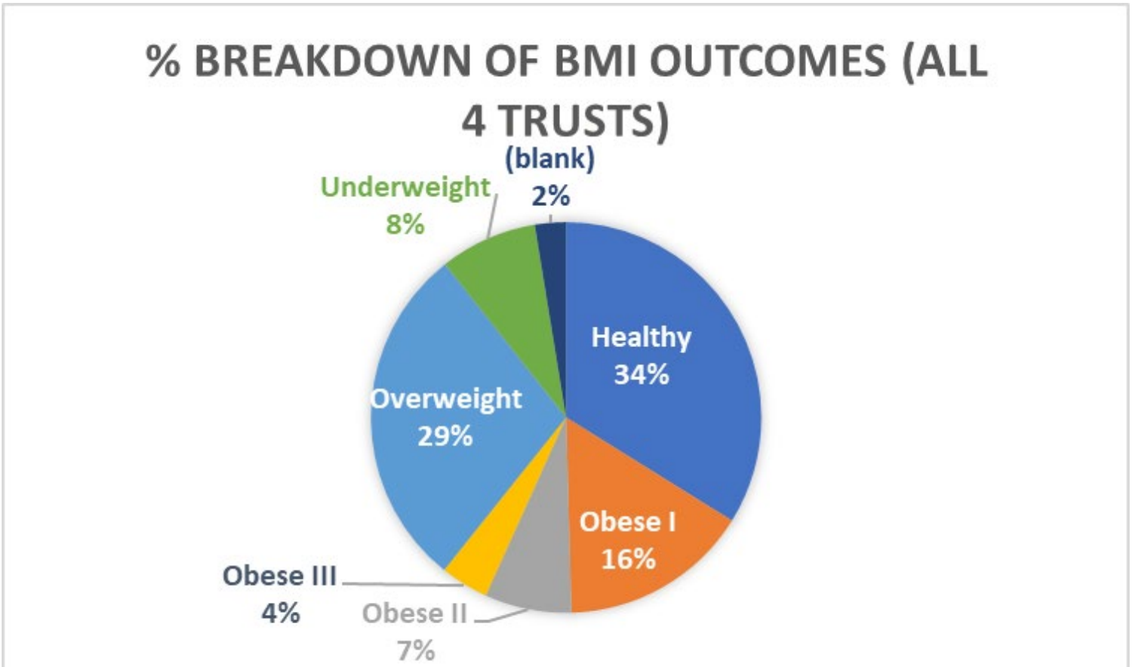
BMI information



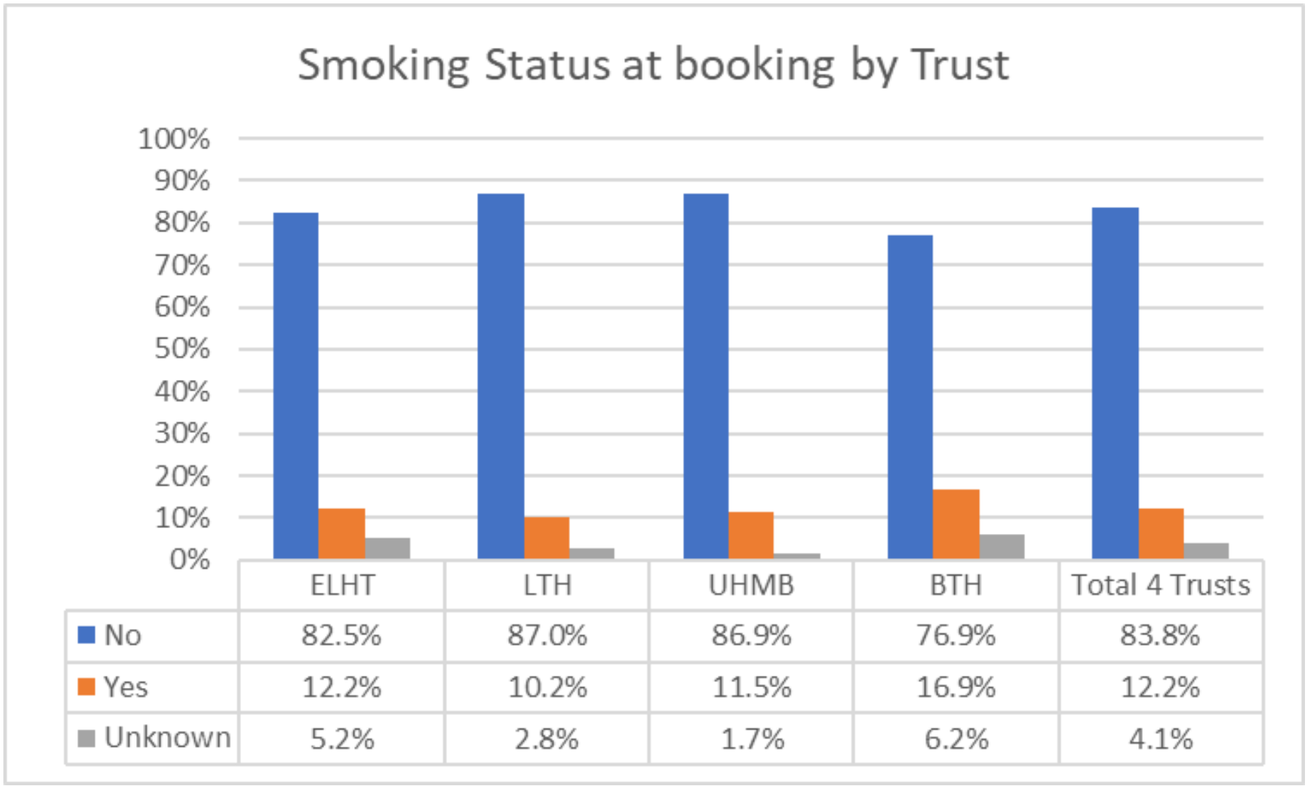
IMD decile	Underweight	Healthy	Overweight	Obese I	Obese II	Obese III
1	**10%**	31%	**28%**	**18%**	**9%**	**5%**
2	**9%**	32%	**28%**	**17%**	**8%**	**5%**
3	**8%**	33%	**30%**	**16%**	**8%**	**5%**
4	**8%**	34%	**30%**	**17%**	7%	4%
5	7%	36%	31%	15%	7%	4%
6	7%	37%	29%	16%	7%	4%
7	7%	37%	31%	15%	6%	4%
8	7%	**39%**	29%	15%	7%	3%
9	8%	**40%**	31%	13%	6%	3%
10	7%	**41%**	32%	13%	6%	2%
Total	**8%**	**34%**	**30%**	**16%**	**7%**	**4%**

BMI	Asian	Black	Mixed/ Other	White
Underweight	10%	6%	9%	8%
Healthy	**34%**	**28%**	**38%**	**34%**
Overweight	**33%**	**34%**	**29%**	**29%**
Obese I	**16%**	**20%**	**15%**	**16%**
Obese II	6%	9%	6%	8%
Obese III	2%	3%	3%	5%

Overall, across the 4 Trusts, 34% with BMI outcome of ‘healthy’ followed by 29% with BMI outcome of ‘Overweight’ and 16% with BMI outcome of Obese I.
Highest % of ‘Healthy’ BMI results shown in IMD decile 10 and seem to lower slightly at each decile with lowest % at decile 1.
Highest Obese I & II are demonstrated at IMD decile 1-3.

Highest overweight BMI results shown within Black & Asian ethnic groups. Obese results are highest within Black, Asian and White ethnic groups

Smoking status at booking



	ELHT	LTH	UHMB	BTH	Total 4 Trusts
No	82.5%	87.0%	86.9%	76.9%	83.8%
Yes	12.2%	10.2%	11.5%	16.9%	12.2%
Unknown	5.2%	2.8%	1.7%	6.2%	4.1%

BMI	Yes	No	Unknown
Healthy	11.6%	84.7%	3.8%
Obese I	11.6%	84.3%	4.0%
Obese II	**13.7%**	81.7%	4.6%
Obese III	**13.1%**	82.1%	4.8%
Overweight	10.5%	86.0%	3.5%
Underweight	**19.5%**	76.0%	4.5%
(blank)	**12.3%**	78.0%	9.7%
Total	**12.2%**	**83.8%**	**4.1%**

BTH has highest percentage (17%) of smokers recorded at time of booking followed by ELHT at 12%.

Majority of woman recorded as smokers during booking seem to be in the underweight BMI category followed by the obese II & III category

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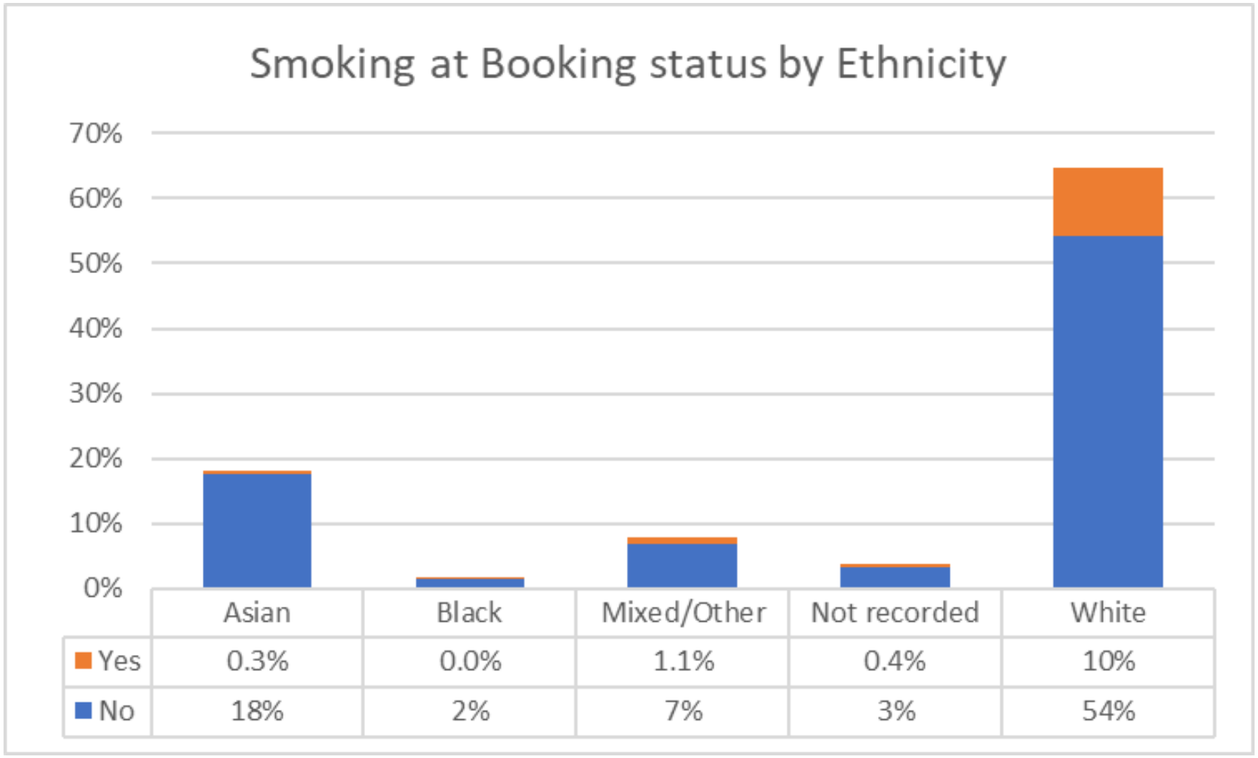
Smoking status at booking

IMD Decile	Yes	No	(blank)
1	**6%**	20%	1%
2	**2%**	10%	1%
3	**1%**	9%	0.5%
4	**1%**	8%	0.4%
5	**1%**	6%	0.3%
6	0.4%	6%	0.2%
7	0.5%	7%	0.2%
8	0.5%	8%	0.2%
9	0.2%	6%	0.1%
10	0.1%	4%	0.1%
Grand Total	**12%**	**84%**	**4%**



- Highest % of smokers at time of booking are reside in decile 1
- Majority of woman recorded as smokers during booking are White

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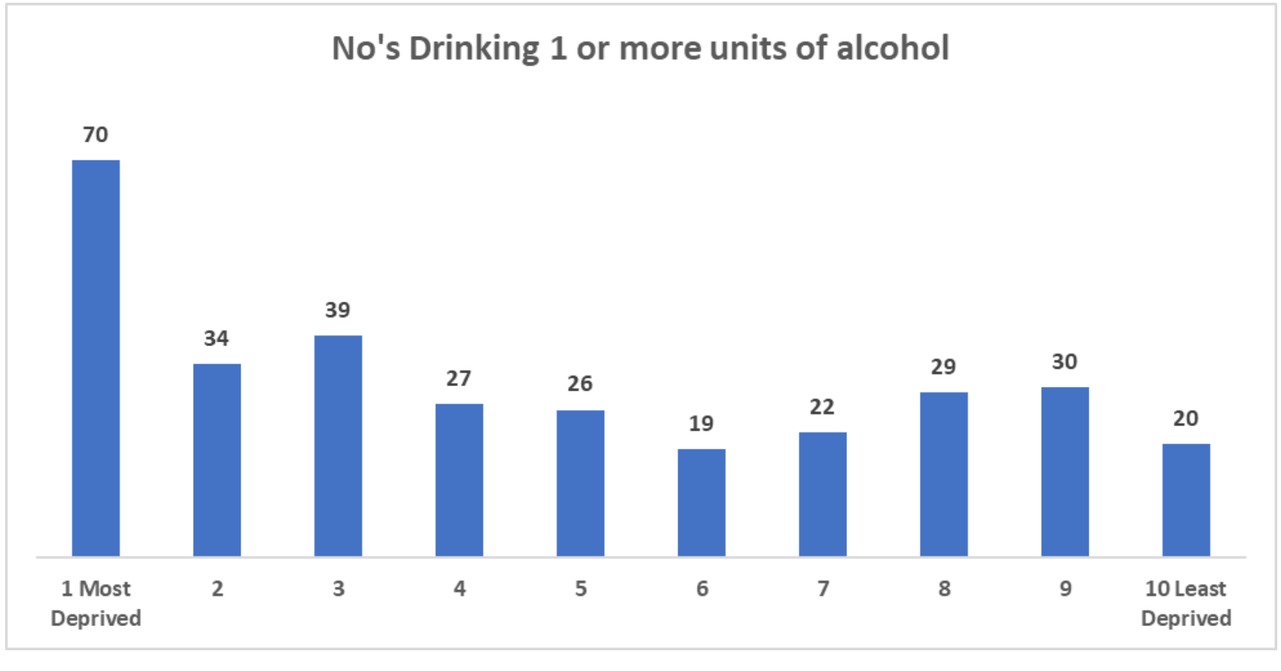
Alcohol intake at conception

Alcohol use category	Total number	%
No consumption of Alcohol	23129	47%
Drinking 1 or more units of alcohol	331	1%
(blank)	24912	52%
Grand Total	**48372**	

52% recorded as ‘not consuming alcohol’ at conception. 1% recorded as consumed alcohol. Of this, 95% stated consumption of 1-20 units and 5% above 20 units per week



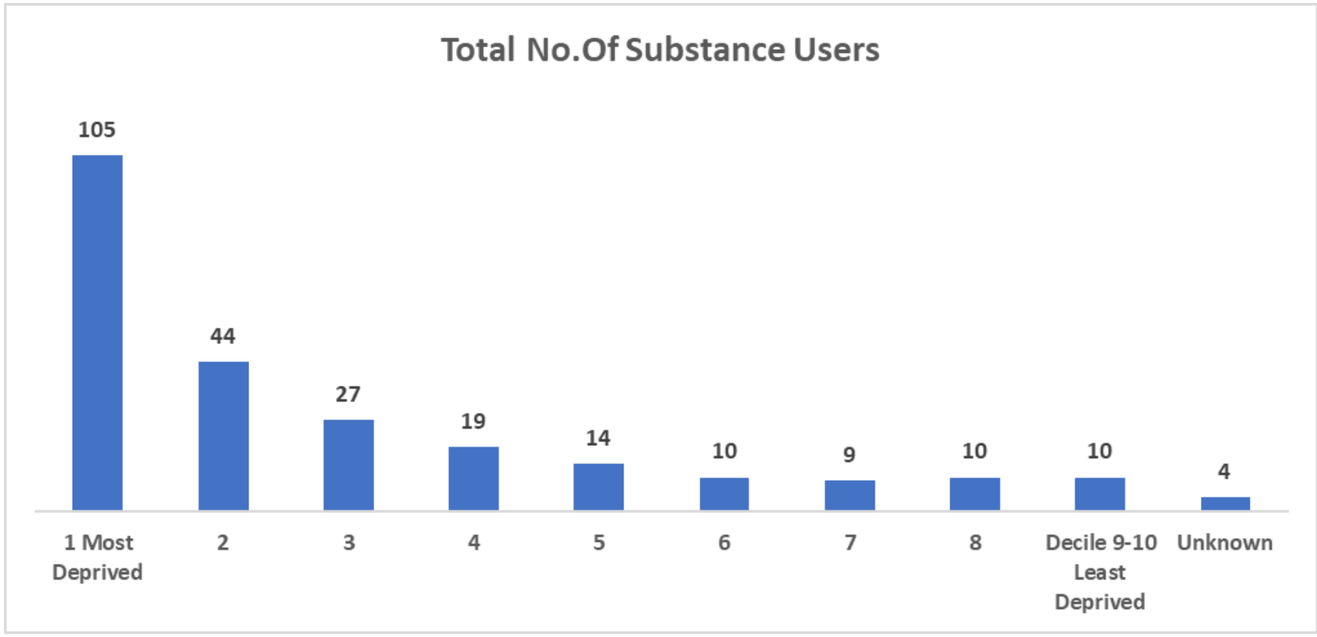
Highest number of women drinking alcohol are within IMD decile 1. Generally, the rest of the deciles all have alcohol users at conception

Age Group	Drinking 1 or more units of alcohol per week
16-19	5%
20-24	12%
25-29	27%
30-34	34%
35-39	17%
40-44	4%
45-49	*
50-54	*

Age wise majority of women consuming alcohol seem to be within the 25-34 years old range

Substance users

Category	Total
Substance User	252
Blank	46106
No Sustance taken	2014
Grand Total	**48372**



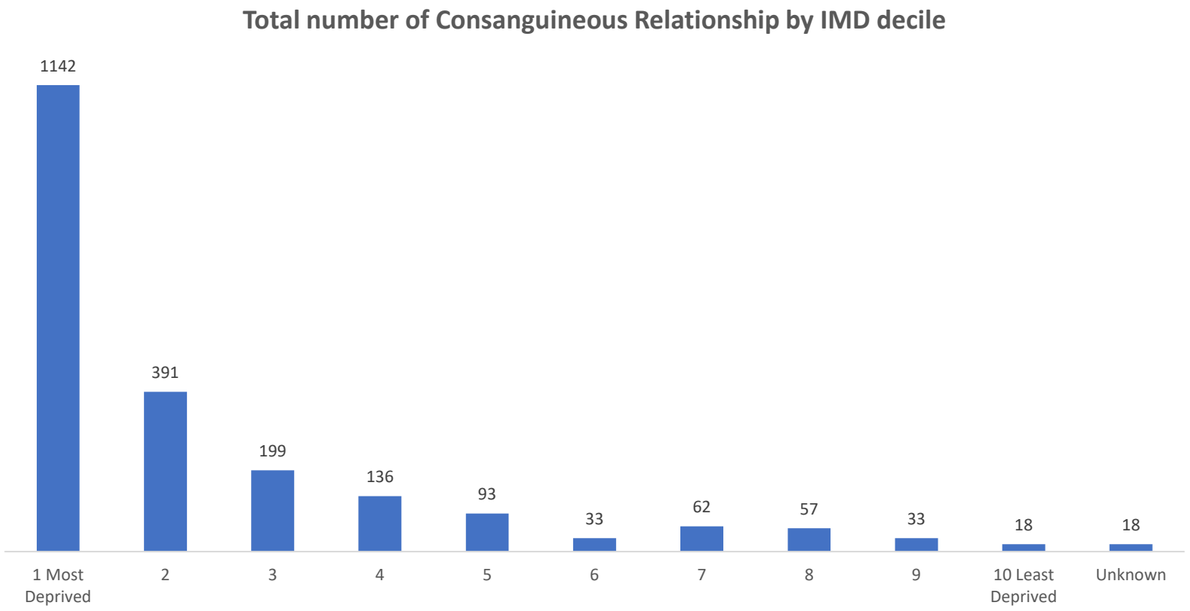
Approx **5%** of total bookings have been recorded with some form of substance misuse. Of these **cannabis** was the most used substance (88%)

Highest number of women using substances are within decile 1 and then deciles 2-4 after which there is an even number across the remaining deciles of users

31% of women using substances were within the 20-24 years age group and 20% between 30-34 age group followed by 18% being 25-29 years old.

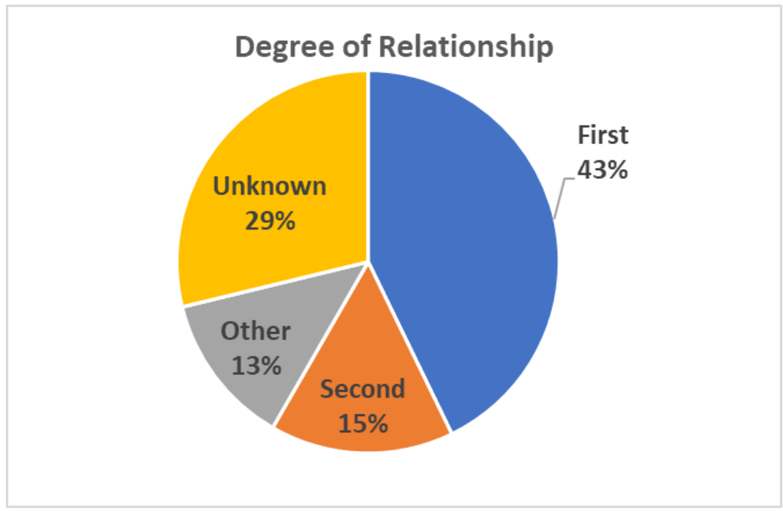
Consanguineous Relationship (Close relative marriages)

Approx **5% of total bookings** (2,182/48,372) women are recorded as having close relative marriages



Approx 85% of women with consanguineous relationship within IMD decile 1 are of Asian ethnic background (approx. 85%)

Ethnic Group	Total	%
Asian	1694	78%
White	232	11%
Black	30	1%
Mixed/Other	101	5%
Not recorded	125	6%
Grand Total	**2182**	



'First' is recorded the most for degree of relationship which reflects the culture within Asian communities where 1st or 2nd cousin marriages occur

Medical conditions

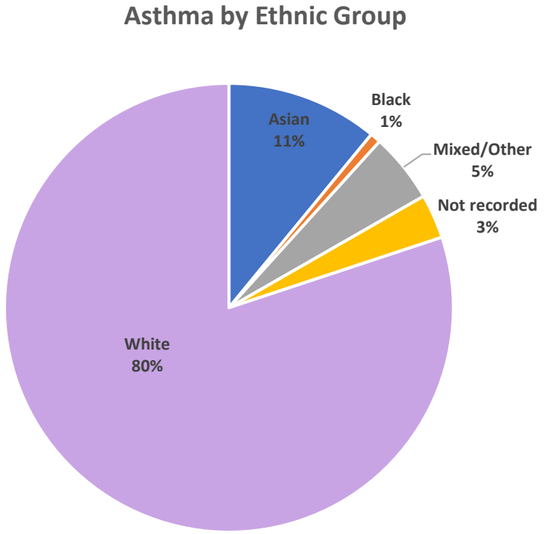
Medical Condition Specialty	Total	%
Gynaecological	7104	27%
Asthma	4695	18%
GastroIntestinal	2958	11%
Neurological	1665	6%
Endocrine	1609	6%
BackProblems	1376	5%
Cardiac	1288	5%
Haematological	1148	4%
JointDisorders	777	3%
Renal	689	3%
Autoimmune	626	2%
Hypertension	554	2%
Diabetes	477	2%
Liver	473	2%
Epilepsy	435	2%
Bone Disorders	379	1%
Thrombosis	291	1%
Lung Disorders	248	1%
Total	**26792**	**55%**

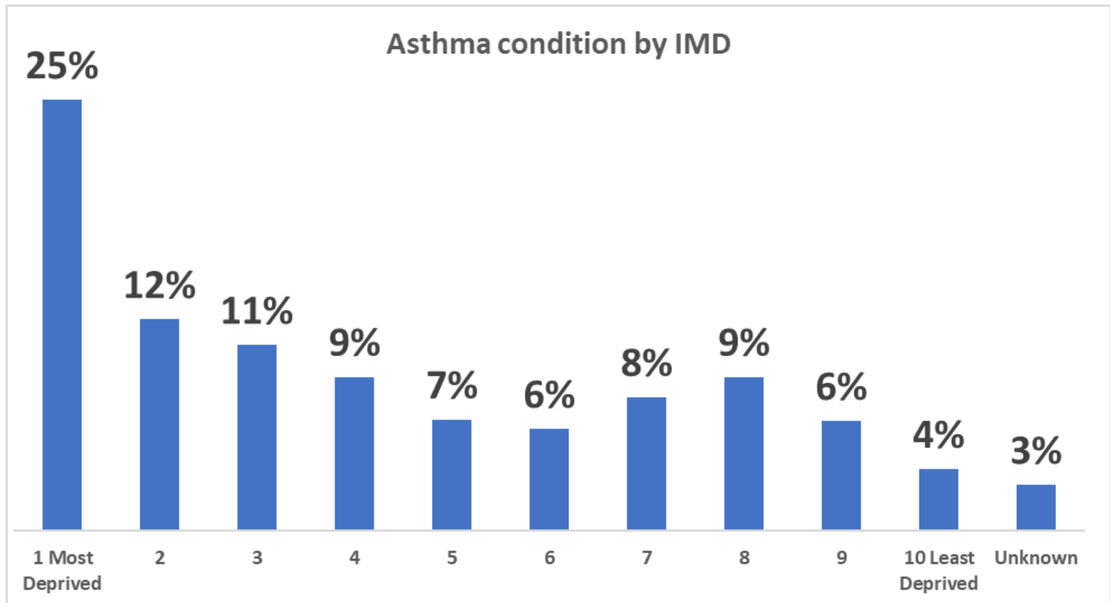
Gynae: Loop Biopsy, Polycystic ovaries, Cysts (approx. 60%)

Asthma: 44% Intermittent and 47% mild Asthma

Gastro: 48% IBS, 5% coeliac, 5% ulcerative colitis

Neuro: 55% Migraines followed by 2% MS





Deadlines

Priority 4a, Intervention 2: Community Asset Mapping

Community Asset Mapping

- Spring North Charity Consortium commissioned to undertake this activity
- Directly mapped and captured 462 assets
- Additionally, searchable access to 300+ more assets of all GPs, Churches, Local Groups, and Online Resources (excludes familiesonline and bump2baby directories
- Two resources developed for health professionals, with filter and search functions:
  - Online spreadsheet L&SC Community Asset Mapping
  - Visual Map L&SC Community Asset Mapping

SPRING NORTH
COLLABORATION + INNOVATION = IMPACT

Key Insights & Future Focus: Community Asset Mapping

STRENGTHS	FUTURE FOCUS FOR DEVELOPMENT
▪ Good amount of virtual/online resources for parents to access -> early help and ease of access to information. ▪ Visual map shows cluster of services in main towns ▪ Strong private provider network offering mother and baby sessions, continue to harness this sector to target areas or certain populations. ▪ Big GP and pharmacy network (over 270) . ▪ Plethora of sessions, drop ins, activities and playgroups ▪ Virtually nothing for women and newborns who are Black, Asian or Mixed Ethnicity -> widening inequalities.	▪ Onward pathways and options seems more complex and confusing -> barrier for seldom heard communities. E-info for many sessions is outdated. ▪ Gaps in rural areas and corridor areas between towns ▪ Not many VCFSE organisations identified as offering maternity or newborn support – either an actual gap or an improvement in their marketing is required -> opportunity to engage better with this sector, building on a place based community offer with a focus on early support to avoid escalation ▪ Lack in detail, would benefit from improved communication. ▪ Difficult to find sessions, even via children centres and for the tech-savvy. Continued mapping of these assets and future development of a portal to drive this to be considered. ▪ Work with MVPs to develop network of diversity leads across the system to engage with seldom heard groups.

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Priority 4a, Intervention 3: WRES Baseline

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“If equity for mothers and babies is to improve, so too must race equality for staff”

Race equality leads to personalised and improved care and service user experience.

- WRES data shows people from ethnic minorities are significantly more likely to be nurses, midwives and health visitors compared to their representation in the population.
- Despite this, they are under-represented in senior pay bands within the NHS.

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Key Insights: Workforce Race Equality Standard

- Around 15% of the Lancashire and South Cumbria LMA trust staff are from a BAME background, ranging from 8% at the University Hospitals of Morecambe Bay trust to 19% at Lancashire Teaching Hospital Trust

- Special request to the National Picker survey team for local LMS and Trust data for Midwives:
  - The LMS has seen an increase in midwives reporting discrimination at work from a manager/team leader and harassment, bullying or abuse from staff within the last 12 months
  - The situation seems to have worsened for staff from a BAME/non-white background overall for WRES indicators 5-8 in the last 12 months.

- However:
  - No information at Trust level available for individual professional groups
  - Questions around the number and ethnic spread of respondents – sample size 264-350
  - Don’t have percentages of ethnic minority staff within maternity services
  - We do not currently have national survey results to enable accurate benchmarking

Future Focus: Workforce Race Equality Standard

- Inclusive questionnaires for all Maternity and Neonatal staff groups
  - Get a more accurate baseline
  - Include % of maternity / neonatal staff from ethnic backgrounds

- Enable national benchmarking
  - WRES Indicators 1-4 by professional group

- Regional workshops to look at improving staff diversity
  - Working with HEIs (Midwives, Medics, sonographers)
  - Recruitment of MSWs, clerical staff

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Priority 4a, Intervention 4i:
Co-produce Interventions for Families

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"Imagine the world if everybody who was defined as the problem, secured the power to redefine the problem."
Cormac Russell

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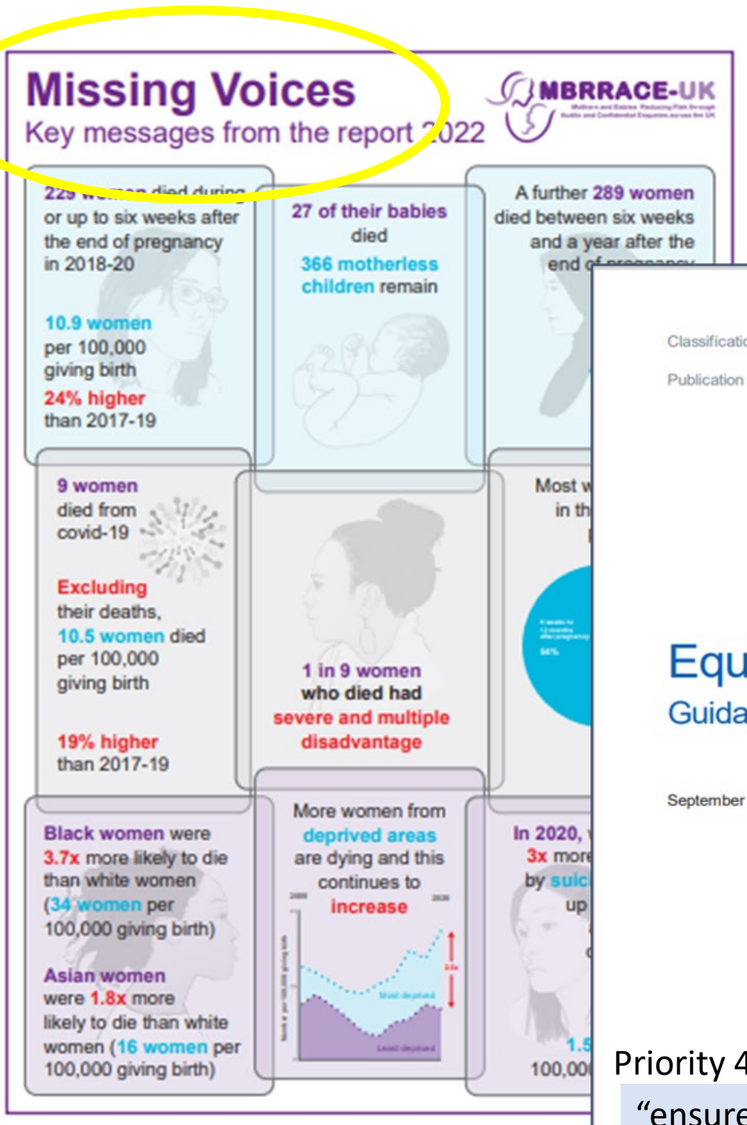
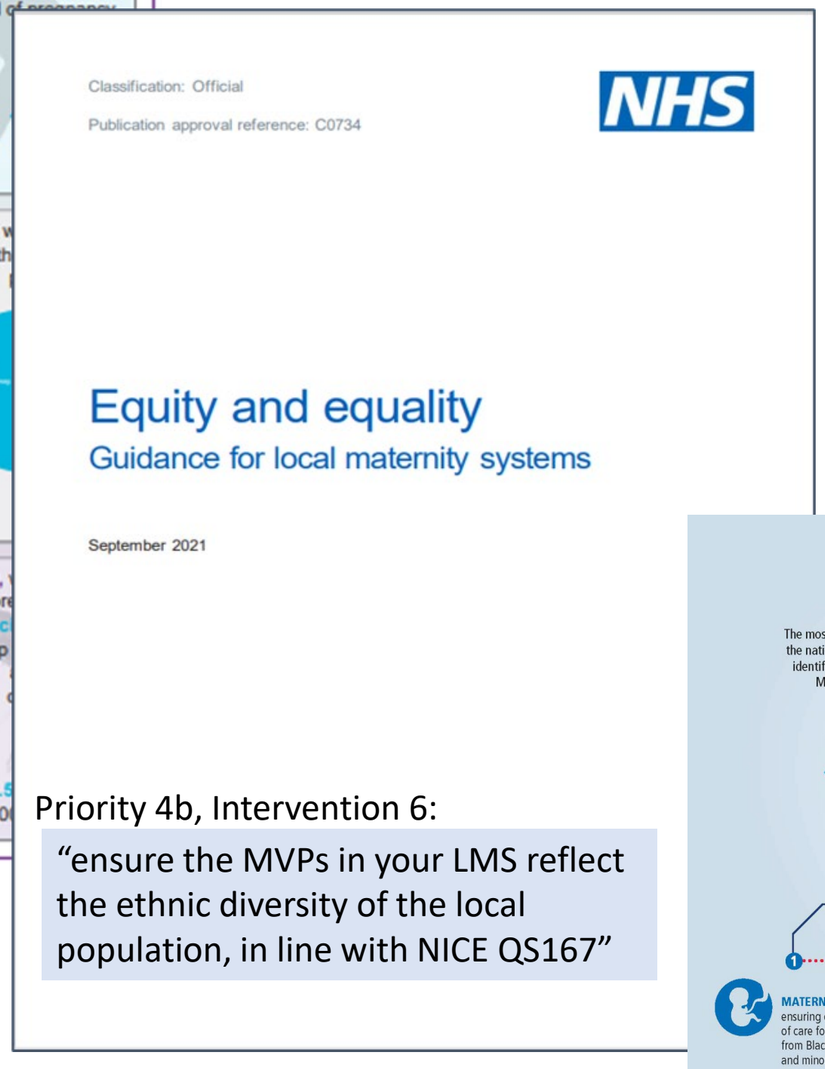
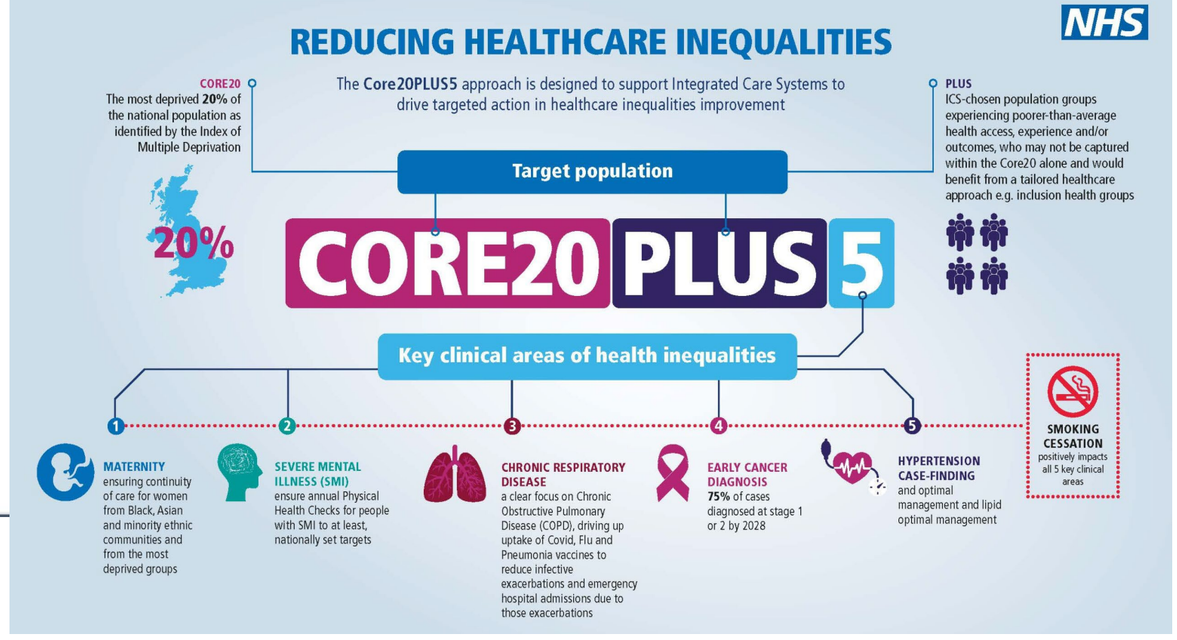




Priority 4b, Intervention 6:

"ensure the MVPs in your LMS reflect the ethnic diversity of the local population, in line with NICE QS167"



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Public Sector Equality Duty

Duty on public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act.

The Maternity and Neonatal programme have set the objective:

To demonstrate that insight, co-production and engagement (ICE) activity is with maternity and neonatal service users and their families who are representative of the diversity of the local (maternity) population.

Lancashire and South Cumbria Integrated Care Board

LMNS Insight, Co-production and Engagement Group – Terms of Reference

Meetings: Virtual on MS Teams: First Friday of each month 14.00 – 16.00

Overarching purpose

To assure and support engagement, involvement and coproduction activities with perinatal women, their families and communities within the scope of the LMNS programme. The group will share learning with the overarching aim of informing service / intervention development and evaluation.

Responsibilities / Remit

To work with the workstreams of the M&N E&E, wider maternity and neonatal programmes to develop and maintain a meta-plan of scheduled activity, coordinating this in response to place-based, population-based and system-wide need..

To act as a source of information and support regarding the undertaking of co-production activity within maternity and neonatal communities.

To maintain a bank of evidence that communities have been heard and have had the opportunity to inform service development and evaluation – and thus, provide assurance to the LMNS Equity and Equality Oversight Group and LMNS Board that action plans are co-produced by a diverse range of community members and ongoing feedback re implementation is systematically being enabled.

To collate and theme service user feedback.

To inform intervention development, improvement activity and evaluation, basing our input on population health needs analyses which includes LMNS and local level service user insight gained as a result of engagement, involvement and coproduction.

To share learning regarding engagement, involvement and coproduction methods and insight themes in relation to perinatal women, their families and communities. disseminations

To ensure linkage with other ICE networks across the system and with place-based and primary care network teams.

To establish links to local service directories and input to these in relation to perinatal services.

To ensure alignment with the working with people and communities strategy and as such to report insight and assurance in these respective assurance reports, via the public involvement and engagement advisory group of the ICB.

Core membership

Head of ICB Communication and Engagement Team	LSC ICB
Public Health, Prevention and Early Intervention Strategic Clinical Manager for Children, Young People and Maternity	LSC ICB
Maternity Voice Partnership Leads: East; Preston, Chorley and South Ribble; Baywide; Blackpool, Fylde & Wyre	Hosted by HealthWatch Lancashire
Family Hub Parent-Carer Panel Leads: LCC, BwD Council, Blackpool Council, Westmoreland and Furness Council	Local Authorities
Lancashire and South Cumbria Neonatal Patient Advisory Group Lead	NW Neonatal Operational Delivery Network
Members of the Involvement, Coproduction and Engagement Team	LSC ICB
Project and clinical leads (Guest Members as required)	Cross-system organisations
Partner VCFSE representatives including HealthWatch Engagement Project Leads (Guest Members as required)	Cross-system organisations
Head of Quality & Safety- CYP & Maternity	LSC ICB
Maternity and Neonatal Independent Senior Advocate	LSC ICB

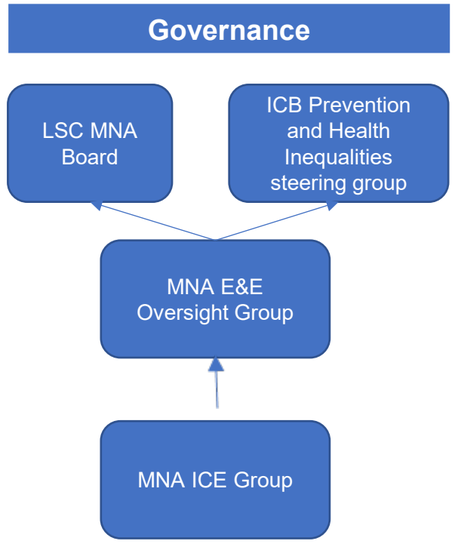
Inputs from

- Project leads/ Clinical Leads
- Risks and issues for discussion, mitigation and/or escalation
- Project plans, reports, data and findings

Outputs to

- Chair's Report > MNA E&E Oversight Group
- PIEAC Sub Committee of the Board – Assurance Report
- PIEAC Sub Committee of the Board – Insights Report

Governance



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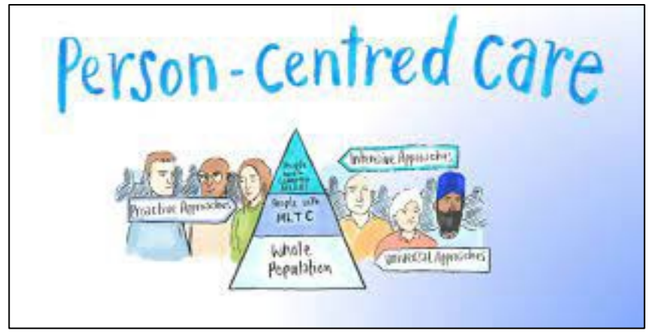
Developing a Meta-Plan

Smoking in Pregnancy Insight with staff and community

Community and staff literacy re pre-eclampsia and Placental Growth Factor Screening

unicef
Baby Friendly Initiative

Co-production of breastfeeding strategy.



Insight work with women re individualised care planning

Input to design of Enhanced CoC teams.

Culturally sensitive genetics services for consanguineous couples.

Enter and view and roadshows in 03/24 to feed into Board Away Day re. experience of maternity care.

Healthwatch Together
Blackburn with Darwen, Blackpool, Cumbria and Lancashire working in partnership

Co-production of Births Afterthoughts service .

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Monitoring our PSED objective

- Developing mechanisms to record demographics of those engaged with, against the themes of their feedback
- Developing reports to highlight which community groups (particularly from our CORE20PLUS5 communities) whom we have / have not successfully engaged with, to underpin plans to optimise this.
- Thematic analysis of emerging themes from feedback, and understanding if themes relate to particular community groups. Using this insight to underpin plans to reduce health inequalities for these groups.

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Their health, their services, their hands

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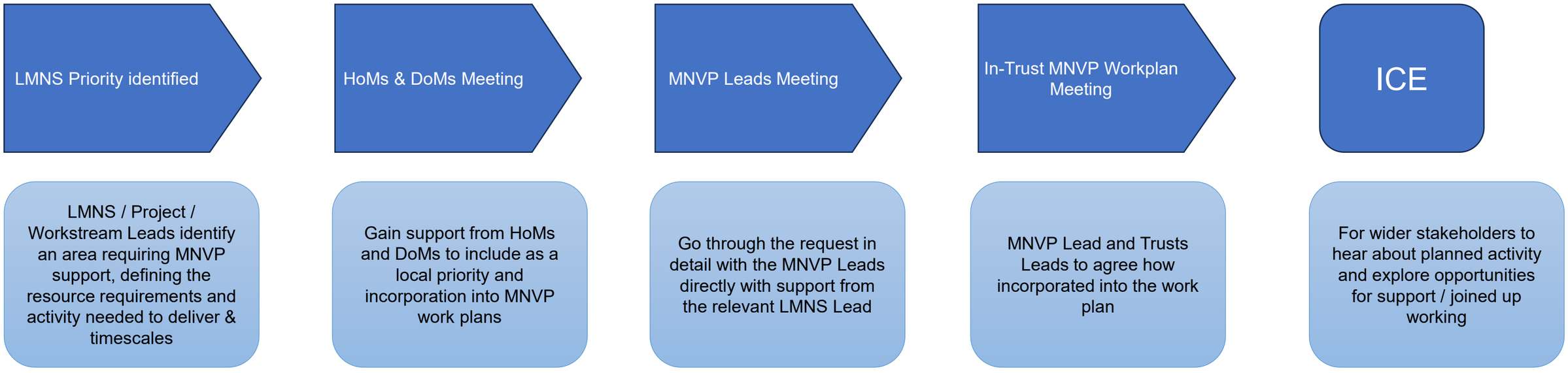
LMNS Priorities for Inclusion in MNVP workplans

The LMNS has numerous ongoing projects and workstreams which will require some insight, co-production and engagement support (ICE) from MNVPs, and other partners, to ensure that we agree and implement targeted interventions where they are most needed across the system.

The LMNS ICE group was designed to be the forum where this work would be discussed, but a more robust process is more appropriate to ensure all parties agree and are informed and that these pieces of work are included in the MNVP leads work plans

Proposed process:



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E&E Priority 4b, Intervention 4(i) - Set out a plan to co-produce interventions to improve equity for mothers and babies

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- Add in co-production examples from Trust and LMNS level e.g. family hubs bwd and b'pool in particular – case studies. To be discussed with MNVP Leads.

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Priority 4a, Intervention 4ii:
Co-produce Interventions for Race Equality for Staff

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Current assurance level **A**

E & E Workforce update

Period covering: January 24 – March 24'

Key Progress / Achievements since last report:
Compared systemwide analysis of WRES data to regional analysis of WRES data and met with regional team to discuss limited data available (data in percentages rather than numbers).
We have met with the EDI leads across the four provider trusts to understand current work within maternity services and Trusts which include antiracism plans
We have established relationships with the ICB careers team to discuss and move forward with a targeted intervention to showcase the opportunities and pathways available to students within schools identified within areas of high MDI and additional population health ward data.
The LSC Community of Practice group has been established with ToR agreed. This group will provide governance to monitor current training provision around cultural awareness
Cultural Training is available on the Maternity Resource Hub – this has been highlighted to PEFs and PDMs.
Regional Mentoring scheme has been developed for midwives of ethnic background.

Key activities next month:
Due to the dis-satisfaction of the data available. Planned Workforce Workshop with Michelle Waterfall and Kim Doherty to be rescheduled (due to bereavement) to discuss devising own staffing survey; specifically focussing on race actuality as part of the annual staffing report
Membership of Maternity Workforce belonging and inclusion group is being identified. An advert has been published to share with Trusts for volunteers
A maternity careers resource kit is being developed to enable the LMNS and provider trusts the materials to showcase careers in targeted areas
A training audit to be planned to understand training needs around cultural safety
Workforce Lead undertaking Reverse Mentoring Scheme as mentee

Issue/Risk (For Escalation/Mitigation)	Recommendations	Score
Data inaccuracies of workforce - it is not a true reflection of workforce ethnicity and leadership roles in some areas	Discuss implications with regional team and create own staffing survey.	
Data – PWR data and BR+ inaccurate – unable to guarantee safe staffing levels to allow for additional training to take place	Offer out to staff with a push on the benefits of conducting training to help with wellbeing of staff in their team and the local population. Ask E & E pioneers and PEF's to promote internally.	

Products for E &E Group	From
Advertisement of Maternity Belonging and Inclusion Group	LMNS

National /Regional Updates (New Guidance etc) *include links. Attachments on email*:	Attached Y/N

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A community driven workforce

Scoping review to look at WRES/WDES data, including narrative from staff themselves; community outreach; co-production through establishing a Workforce Equity (Inclusion and Belonging) group, which will look at race, social justice and disability E+E in maternity workforce. Interventions will be collaboratively decided. Association of Asian Midwives keen to support.

30-40% of midwifery undergraduates have SpLD diagnosis - future workforce. Utilise RCM/UCLan Toolkit to support neurodivergence in midwifery

Recruitment campaign on social media now live with social accounts created and run by maternity team. 2-Day Into Midwifery programme in production and HEI days have commenced, beginning with East Lancs

Continuing relationships with local colleges to bolster T-Leve provision - Pilot scheme for Midwifery T Level. Linking to Midwifery Ambassador scheme with NHSE - to feed into work with social campaign schools and colleges

Supporting with flexible working offers (pilot scheme ongoing at one provider for self-rostering) and will share across system if effective

Prioritising an an equal and equitable workforce that reflects the needs of, and invests in, our local community, including bespoke training pathways to meet the demographic

Support alternative routes into midwifery through Midwifery Apprenticeships

Supporting implementation of MSW Framework and promoting schemes such as Cadets; looking broadly at volunteering opportunities and community workshops for prospective student midwives

Working with Providers and HEI to model local training and recruitment - case study for ICB workforce strategy.

E+E plan published on Maternity Resource Hub

Participation in reverse mentoring scheme

Recruitment processes to be co-produced

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Priority 4b:

Accelerate preventative programmes that engage those at greatest risk of poor health outcomes:

Action on maternal mortality, morbidity and experience

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

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No.	National or Local	Intervention title	Process Indicators	Outcome Indicators	RAG
1	N	implement maternal medicine networks to help achieve equity.	Maternal Medicine Network implemented as per service specification. KPIs are broken down by IMDD and ethnicity.		
2	N	Offer referral to the NHS Diabetes Prevention Programme to women with a past diagnosis of GDM and no current history of diabetes postnatally.	Booking at <70days gestation % of women attending the booking appointment who are from ethnic minority groups Ethnicity data quality		
3	N	implement NICE CG110 antenatal care for pregnant women with complex social factors.	For each complex social factor grouping, the number of women who: attend for booking by 10, 12+6 and 20 weeks; and attend the recommended number of antenatal appointments		

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

Lancashire and South Cumbria Integrated Care Board

No.	8	Intervention title	Process Indicators	Outcome Indicators	RAG
4	N	Maternal mental health services implemented with a focus on access by ethnicity and deprivation.			
5	N	Personalised care and support plans are available to everyone.			
6	N	MVPs in your LMS reflect the ethnic diversity of the local population, in line with NICE QS167.	% of parent members of the MVP who are from ethnic minority groups		

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Priority 4b, Intervention 1: Implement Maternal Medicine Network

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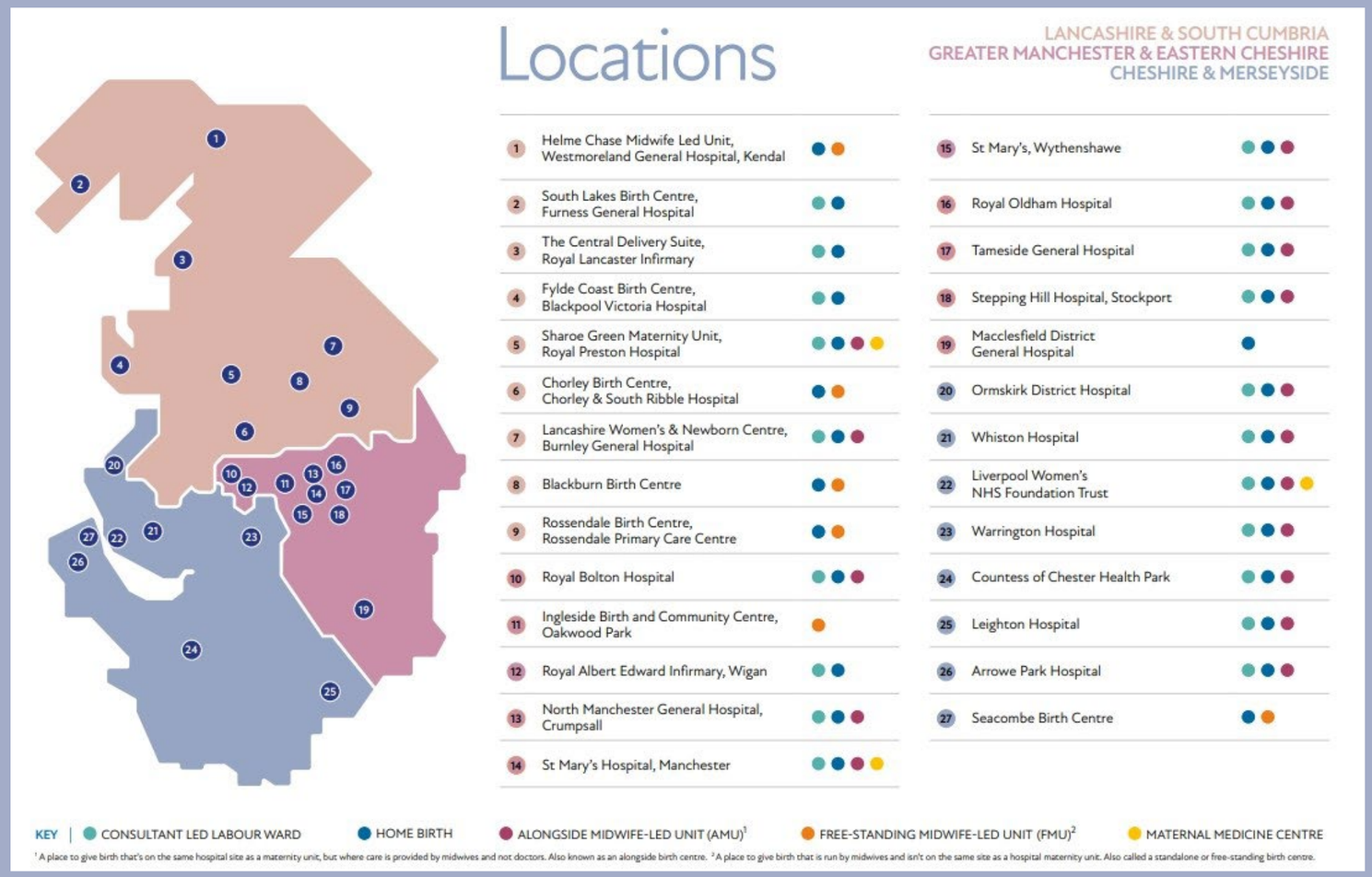
Integrated Care Partnership

North West Maternal Medicine Network

Charlotte Bryant - Network Manager
Catherine Chmiel - Network Lead Midwife

NORTH WEST MATERNAL MEDICINE NETWORK

Lancashire & South Cumbria
Cheshire & Merseyside
Greater Manchester & Eastern Cheshire



- 21 maternity sites
- Three Maternal Medicine Centres:

-St Mary's Hospital, Manchester
-Royal Preston Hospital
-Liverpool Women's Hospital

NW MMN Footprint

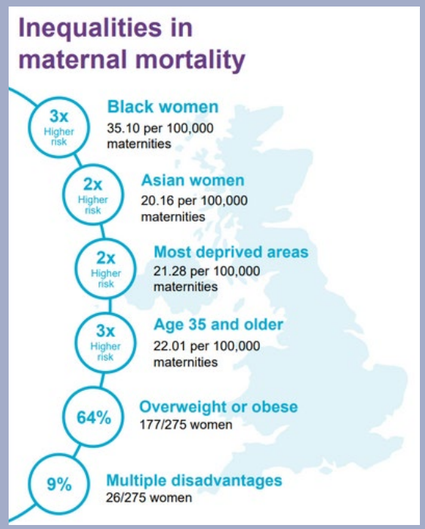
Lancashire and South Cumbria | Maternity and Newborn Alliance
What matters to you, matters to us

Improving me

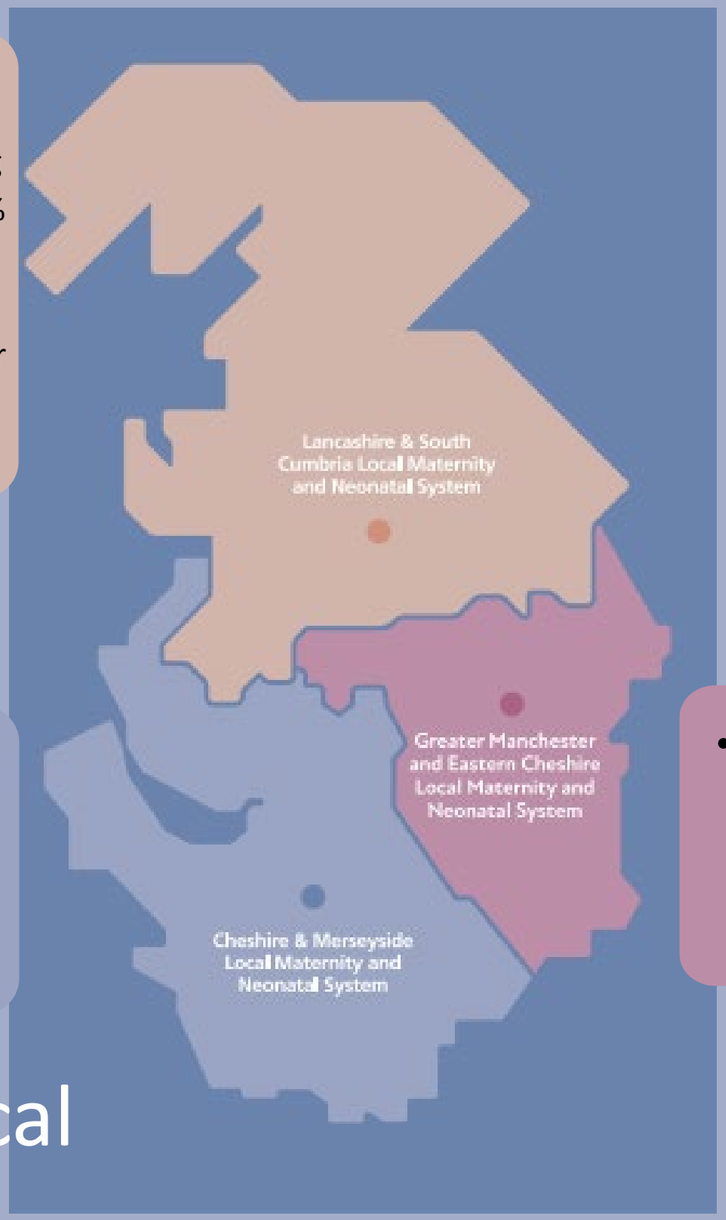
Greater Manchester and Eastern Cheshire Local Maternity System
LMS

NORTH WEST MATERNAL MEDICINE NETWORK

Lancashire & South Cumbria
Cheshire & Merseyside
Greater Manchester & Eastern Cheshire



•Double the number of females of reproductive age living in decile 1 – 22.3% compared to England average of 11.1%
•Nearly 1/5 live in a rural area with associated challenges
•Many of L&SC districts fall within the worst quintile for female inequality in life expectancy at birth year after year



•1/3 of pregnant women living in the 10% most deprived areas
•21% of females of reproductive age recorded as having complex social factors

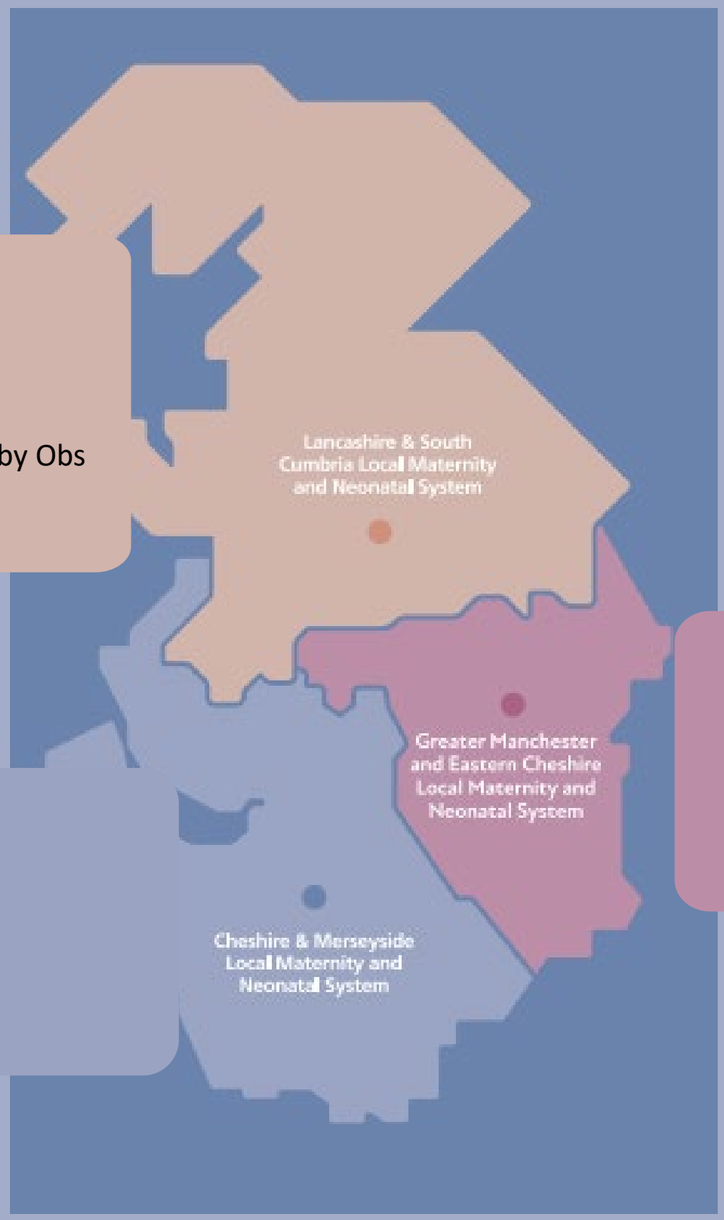
•More than a 1/3 of pregnant women living in the 10% most deprived areas
•33% of pregnant women are from Black, Asian, or Minority Ethnic backgrounds

Understanding our local population

Establish a service that is tailored to local expertise, needs and opportunities

Our MMCs

- 3 maternal medicine consultants
- No obstetric physician
- 1 network funded specialist midwife
- 1 network funded MDT coordinator
- Receive approx. 50 referrals a month
- Establishing joint specialist clinics and supported by Obs physicans from the other 2 MMCs



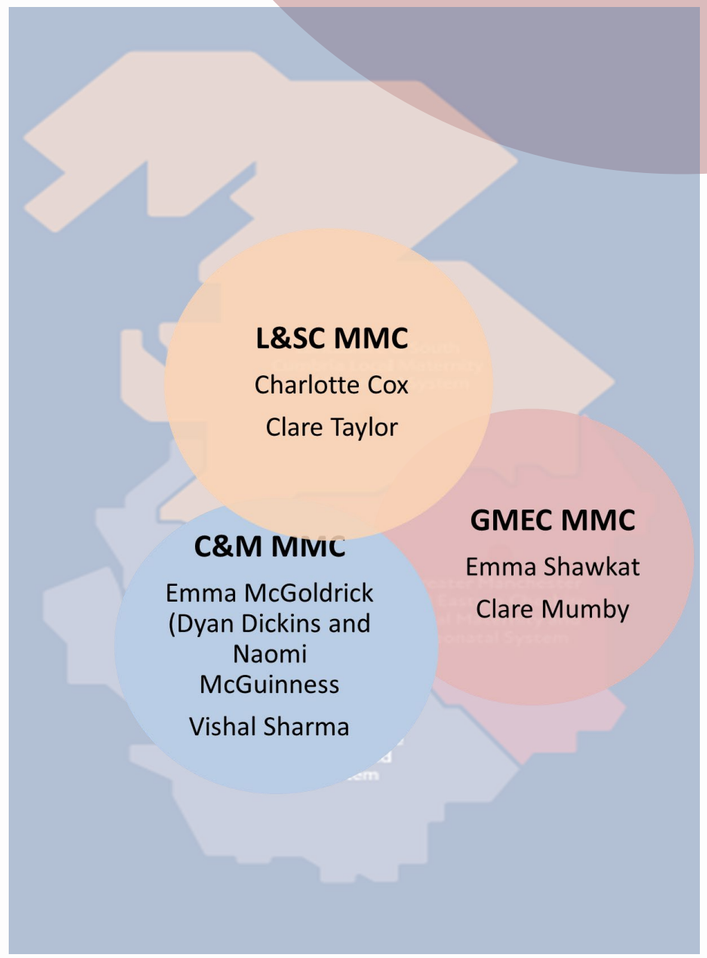
Maternal Medicine Network Team

NORTH WEST MATERNAL MEDICINE NETWORK

Senior Leadership Team

Network Manager- Charlotte Bryant
Network Clinical Leads- Dr Clare Mumby & Dr Vishal Sharma
Network Lead Midwife – Catherine Chmiel
Network Specialist Midwife for Professional Development – Heather Glossop
Network administrator – Melissa Power

Network Data Analyst – Vacant

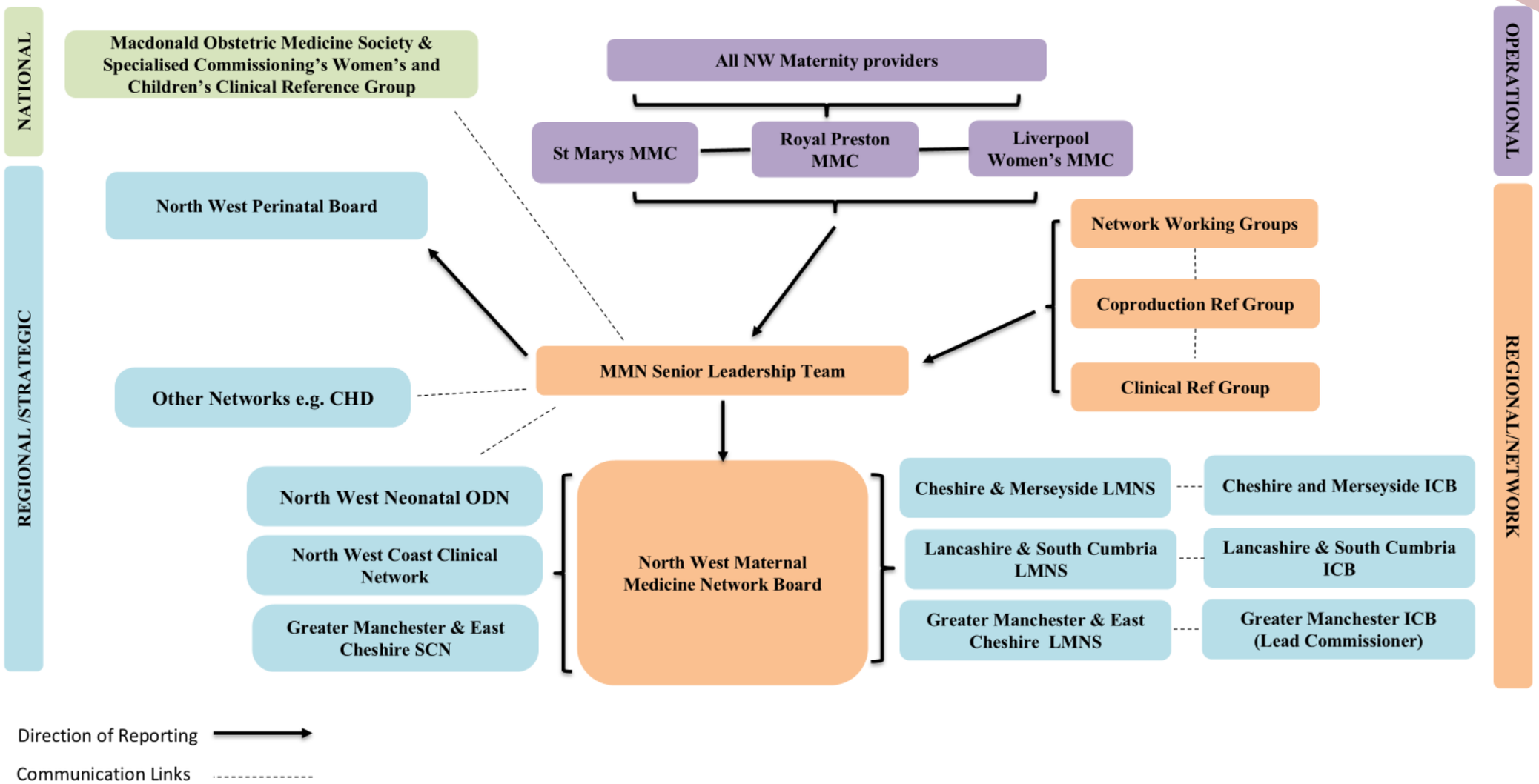


Network Clinical Leadership - Clinical Reference Group

- Developing clear pathways of care, clinical models and co-producing regional guidelines for the NW
- Identifying and facilitating training across the system
- Collate data that informs MMN improvements
- Support each other as MMC leaders to close gaps where disparity is identified
- Be the conduit for provider Trusts that encourages engagement with the MMN

Maternal Medicine Network Governance Structure

NORTH WEST MATERNAL MEDICINE NETWORK



Network Objectives

NORTH WEST MATERNAL MEDICINE NETWORK
Lancashire & South Cumbria
Cheshire & Merseyside
Greater Manchester & Eastern Cheshire

To support the delivery of equitable and timely specialist care and advice for all women/birthing people before, during and after pregnancy.

To monitor and drive improvements in quality of care.

To provide a high quality, fit for purpose network, demonstrating value and providing strategic direction for maternal medicine provision across the North West.

"Collaborating together to provide safe, high quality and equitable care for all who access maternal medicine services"

To provide and support education, training and development of the workforce within the Networks footprint.

To put women/ birthing people at the heart of all maternal medicine services and support improvement in patient and family experience.

To facilitate and support the development of a maternal medicine service between the three Maternal Medicine Centres, that is aligned with service provision throughout the rest of the region.

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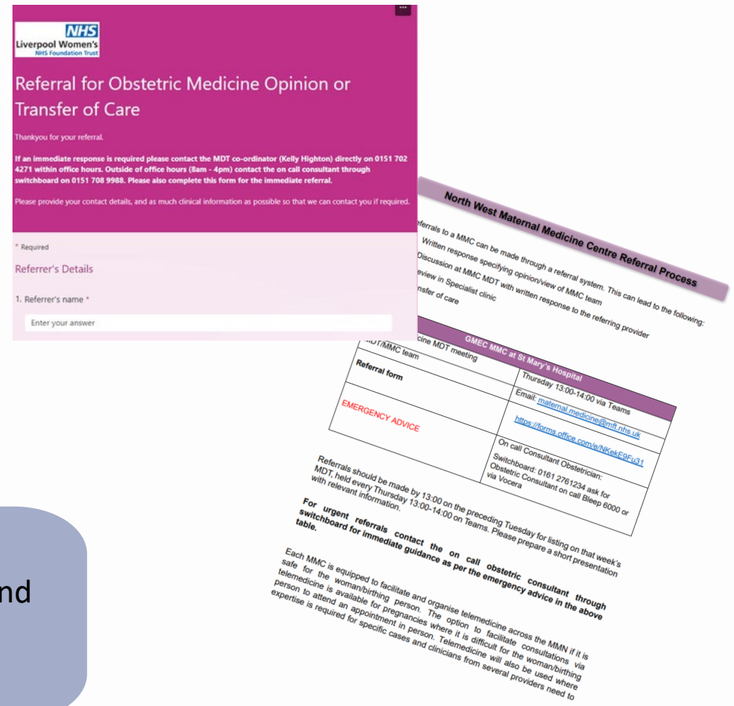
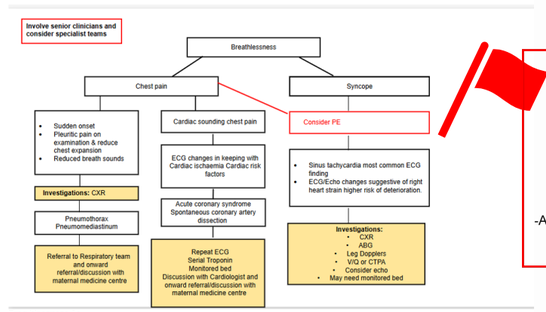
Platform for referrals established and regional referral pathway implemented.



Regional Maternal Medicine Midwifery and Specialist Nurse Forum

NORTH WEST MATERNAL MEDICINE NETWORK
Lancashire & South Cumbria
Cheshire & Merseyside
Greater Manchester & Eastern Cheshire

MMN Regional guidelines:
Diabetes & Cardiology ratified
Acute, Liver and Endocrine in draft



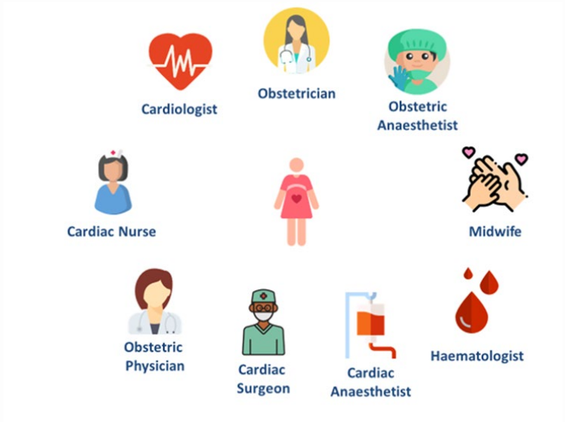
Red Flags
-Wheeze
-Orthopnoea
-Sudden onset
-Chest pain
- Fmaily history of cardiac disease
-Repeated presentations/admissions
-Syncope
-Abnormal observations (HR>120 RR >20 Sats <94)
New or progressive oedema

To support the delivery of equitable and timely specialist care and advice for all women/birthing people before, during and after pregnancy.

Facilitate telemedicine to enable networked involvement in MDT

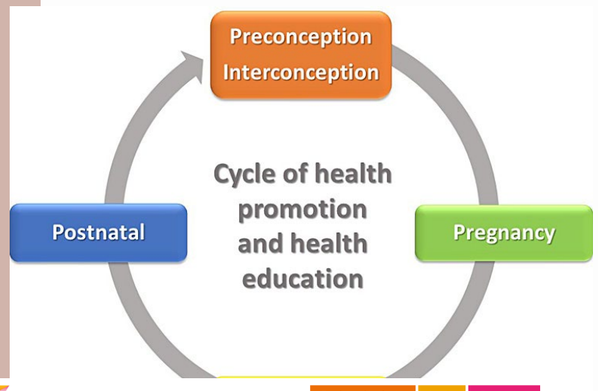
NORTH WEST MATRIMONIAL MEDICINE NETWORK

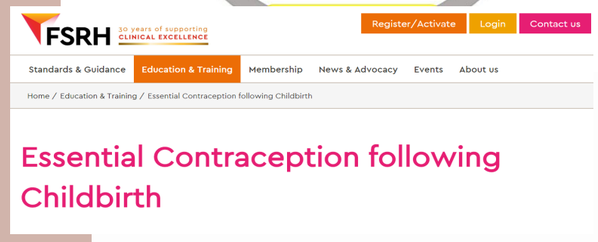
Lancashire & South Cumbria
Cheshire & Merseyside
Greater Manchester & Eastern Cheshire

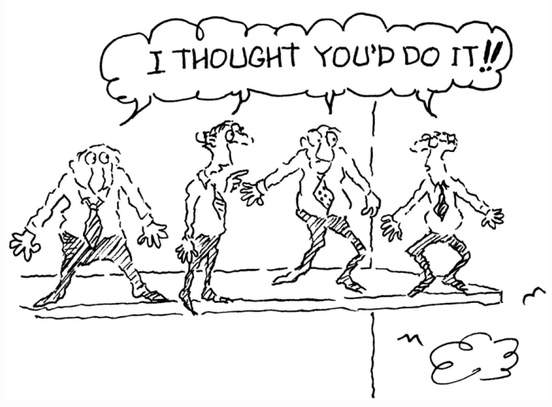


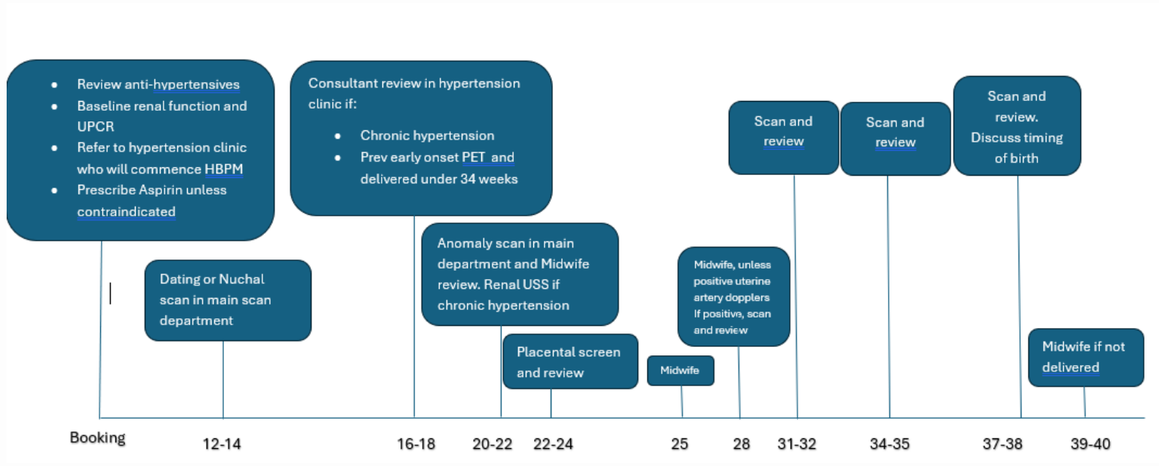
Life course care provision developing pre-con /postnatal care SOP

Developing clinical models of care to support providers and standarise care : Hypertension and Haematology









To put women/ birthing people at the heart of all maternal medicine services and support improvement in patient and family experience.

Redesigning and refocusing networks engagement and co-production strategy

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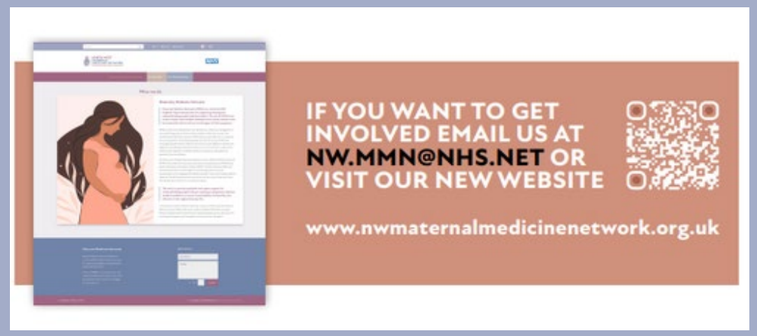
Lancashire & South Cumbria
Cheshire & Merseyside
Greater Manchester & Eastern Cheshire

Developed website as a resource to direct patients to support and information



NHS
Greater Manchester and Eastern Cheshire (GMEC)
Local Maternity and Neonatal System (LMNS)
Maternity Equity and Equality
Action Plan 2022-2027

Vision and Goals	**- Collaborative, inclusive, and equitable network** **- Equitable access to services** **- Integration of lived experiences** **- Tackle health inequalities** **- Improve outcomes**
Co-Production Principles	- Inclusivity: Diverse user involvement - Equity: Representation of marginalized groups - Transparency: Open communication - Collaboration: Multidisciplinary teamwork - Personalisation: Tailored services
Methods	Service User Engagement: - Service User Advisory Panel (SUAP) - Trained Patient Advocates - Community outreach & focus groups - Feedback surveys Multidisciplinary Collaboration: - MDTs at Maternal Medicine Centres (MMCs) - Health Inequality Champions - Training modules on co-production & inequality Care Pathway Integration: - Pre-pregnancy counselling & assessments - Co-designed antenatal/intrapartum plans - Postnatal discharge planning & virtual clinics
Communication & Outreach	- Multilingual, culturally relevant materials - Use of telemedicine & digital platforms - Public awareness campaigns via community channels
Monitoring & Evaluation	- Track outcomes: morbidity, access equity, satisfaction - Annual public reporting - Continuous improvement via user feedback
Outcomes	- Improved maternal health - Reduced access disparities - Deeper user involvement in service design

CAHN Caribbean & African Health Network
SCCM Sickle Cell Care Manchester
ACTION ON PRE-ECLAMPSIA PROMOTING SAFER PREGNANCY
NORTH MANCHESTER Maternity Voices Working in partnership to improve maternity services
LGBT FOUNDATION

To provide and support education, training and development of the workforce within the Networks footprint.

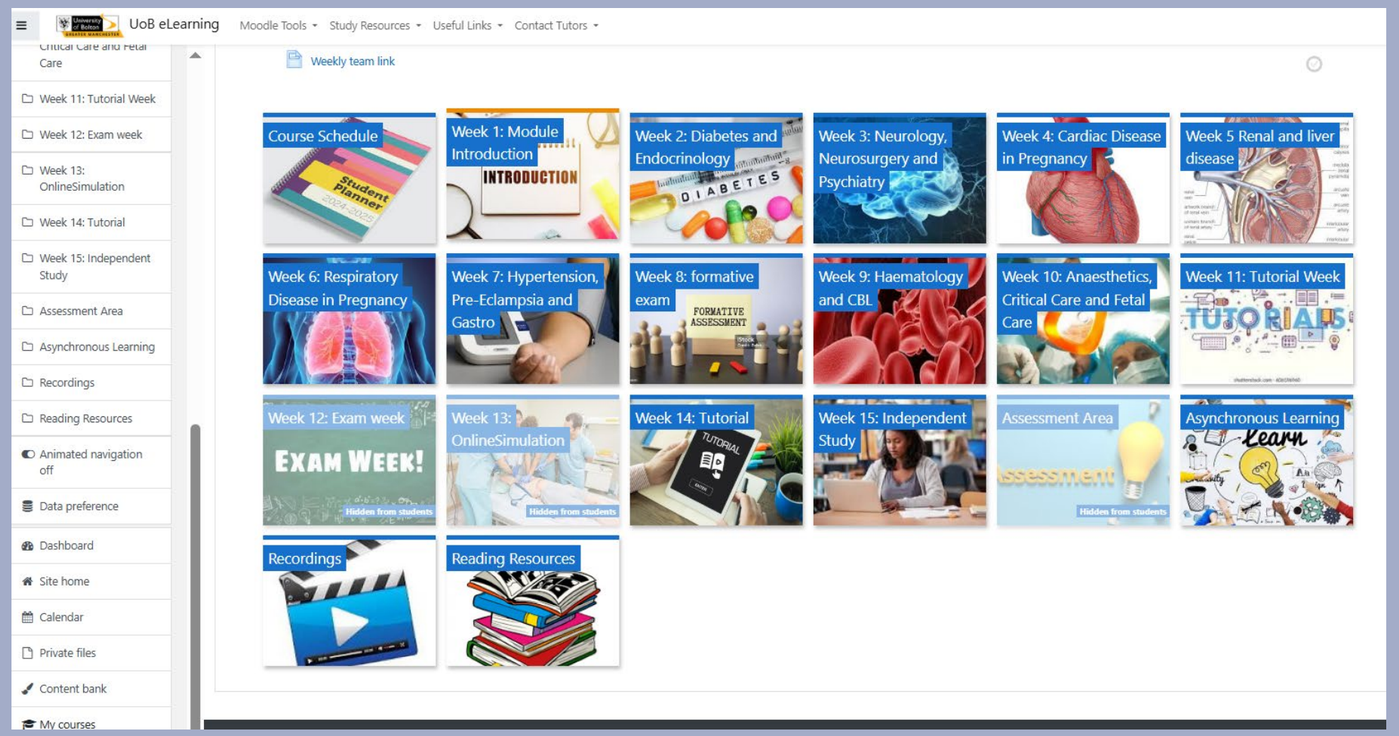
University of Bolton GREATER MANCHESTER

NORTH WEST MATERNAL MEDICINE NETWORK
Lancashire & South Cumbria
Cheshire & Merseyside
Greater Manchester & Eastern Cheshire

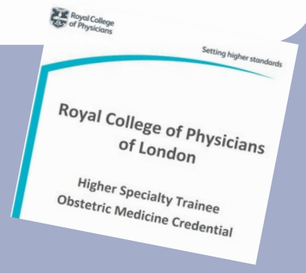
Developed accredited Maternal Medicine masters module - First cohort commenced March 2025- 15 midwives enrolled

Facilitate Maternal medicine training events/study days (800 + NW delegates from all 21 providers over 9 events 23-25)

“The whole day was well selected to be relevant to the ‘general’ obstetrician in a DGH which was great. Nice balance of the frequent flyer presentations and the more complex cases. ”



Support the Obstetric Medicine RCP training centre (St Marys MMC)



To provide and support education, training and development of the workforce within the Networks footprint.

Professional Aftercare Toolkit (PACT) under development to support midwives who experience traumatic events during their practice

NORTH WEST MATERNAL MEDICINE NETWORK
Lancashire & South Cumbria
Cheshire & Merseyside
Greater Manchester & Eastern Cheshire

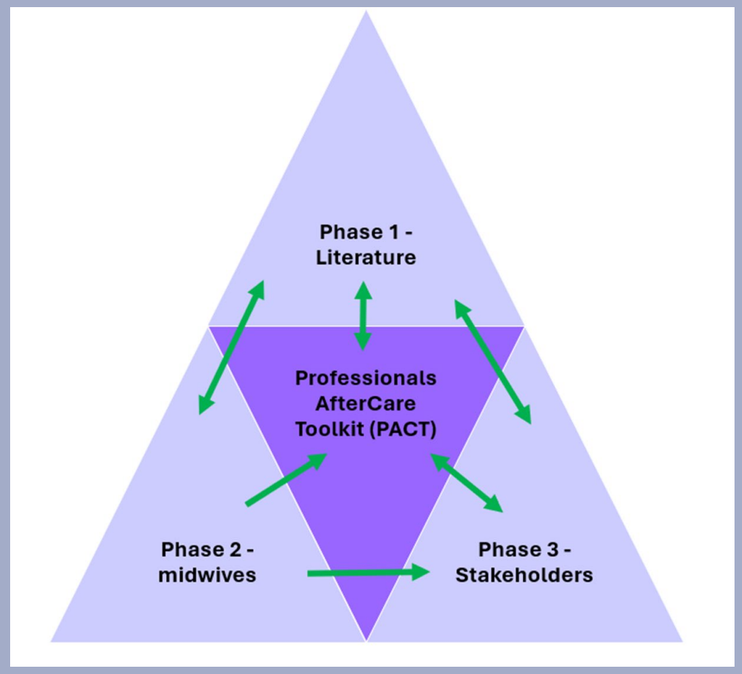
What:

Support the midwifery workforce in maternal medicine following an adverse clinical outcome → scope for wider use

How:

A PACT webpage hosted by NWMMN will house the **five components of PACT:**

1. **Vision statement**
2. **Interactive online flowchart**
3. **PACT awareness raising session**
4. **Co-designed training for Professional Midwifery Advocates (PMAs)**
5. **Co-design hot and cold debrief tools for midwifery workforce.**



To monitor and drive improvements in quality of care.

Retrospective review of NW maternal deaths – Region wide action plan to address recommendations and areas of learning

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Cheshire & Merseyside
Greater Manchester & Eastern Cheshire

Developing research strategy- Analysis of PEONY North data-publication pending

Research and innovation

Supporting LMNS assurance visits and attending LMNS boards and working groups

Areas for Development and Learning from the External Review

- Absence of joined up multiagency care
- Limited information/poor documentation
- Escalation processes need improvement
- Electronic data not used effectively
- Suboptimal management of acute conditions
- Inadequate education and training in maternal medicine
- Early referral to maternal medicine centre
- Absence of discharge summary /postnatal care

To provide a high quality, fit for purpose network, demonstrating value and providing strategic direction for maternal medicine provision across the North West.

Understand what the additional funding requirements are to develop the NW provision and enhance MMCs -support business case proposals

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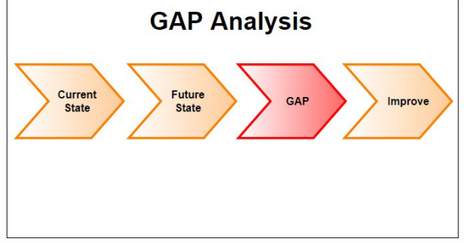
Cheshire & Merseyside
Greater Manchester & Eastern Cheshire

Lancashire and South Cumbria | Maternity and Newborn Alliance
What matters to you, matters to us

Greater Manchester and Eastern Cheshire LMS Local Maternity System



Develop a national profile to inform policy developments and share experiences, learning and progress with other regions

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NORTH WEST MATERNAL MEDICINE NETWORK

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Greater Manchester & Eastern Cheshire

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

Lancashire & South Cumbria Maternal Medicine Centre

2025 Activity
January - May 2025

Lancashire and South Cumbria
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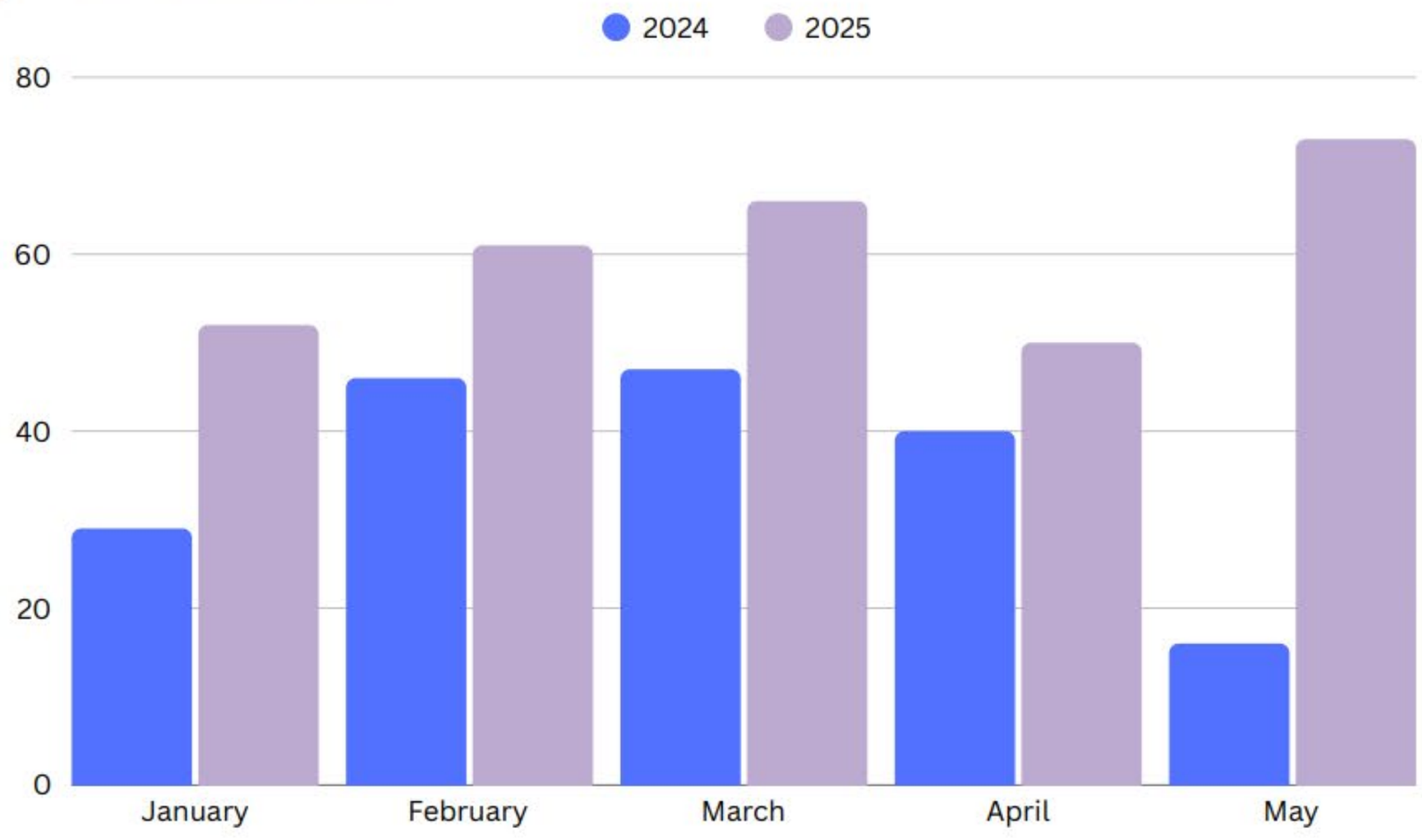
Cheshire & Merseyside
Greater Manchester & Eastern Cheshire

Lancashire Teaching Hospitals NHS
NHS Foundation Trust



Referral Numbers to LTHTR MMC 2024 & 2025

Jan- May 2024 = 178 referrals

Jan - May 2025 = 302 referrals

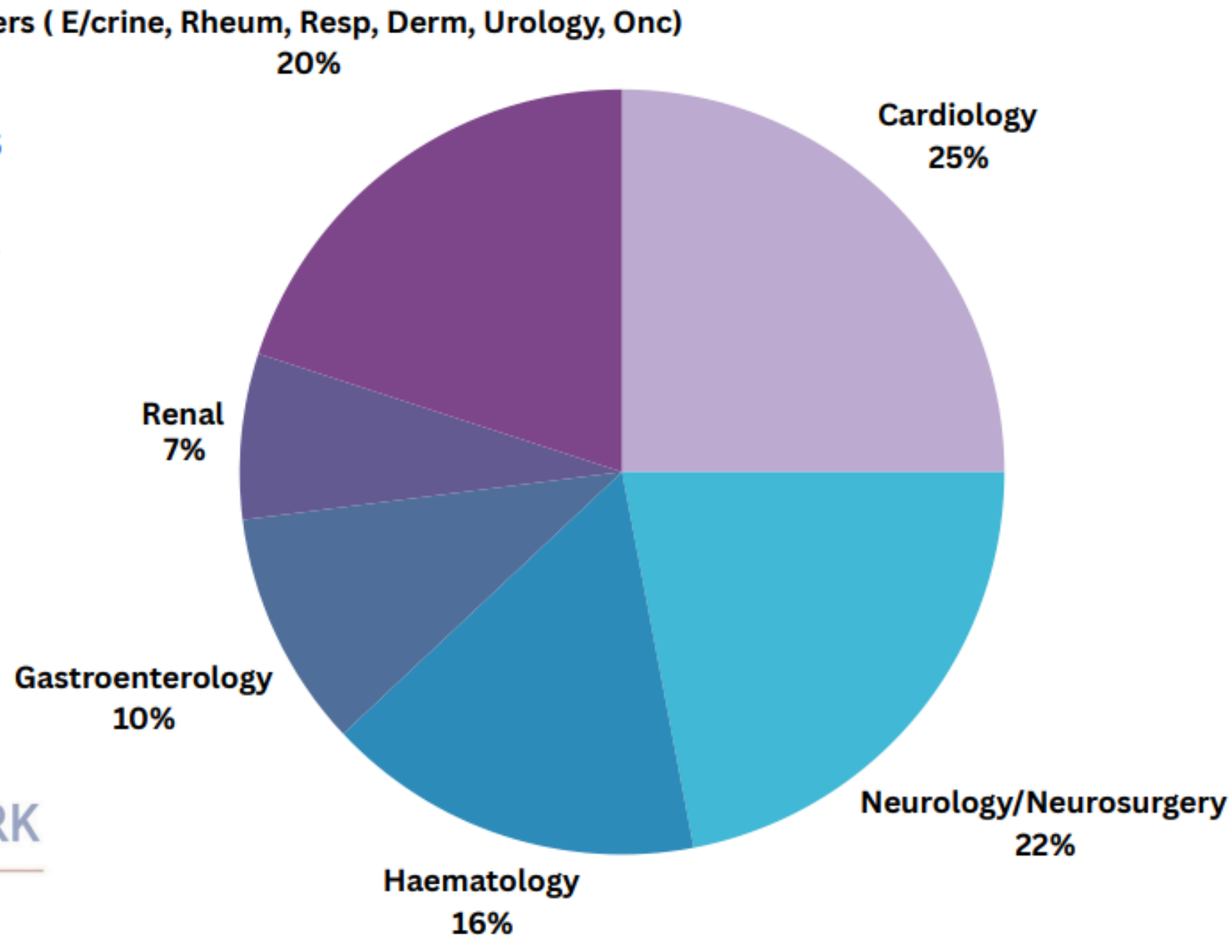
70% increase from 2024 to 2025

Referrals by Specialty January - May 2025

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

Jan - May 2025 = 302 referrals

19 Regional Multi-disciplinary Team Meetings



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Priority 4b, Intervention 2:
Postnatal Referral to NHS Diabetes Prevention Programme

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Gestational Diabetes Prevention

Gestational diabetes = elevated blood sugar levels during pregnancy. Women are up to 50% more likely to go on to develop type 2 diabetes within 5 years.

Established working group with lead diabetes midwives

Confirmed GP's responsible for postnatal HBA1c and referral to prevention programme

Project on hold due to staffing capacity

Data requested from primary care re HbA1c completion and prevention programme referral

Links made with REED prevention who provided data around programme uptake and insight

2022

2023

2024

2025

Mapped current ways over working across L & SC and noted variation in ways referrals were completed

Agreed to move to standardised system where GP letters are sent through Badgernet to GP

Project manager in place working group re-established

Current actions:

- **Data requested from primary care in more readable format**
- **Learning from GMEC who have completed a focused QIP project in this area.**
- **Meeting arranged with REED to facilitate learning around prevention programme to increase promotion and identify where targeted work is required**

NHS

HEALTHIER YOU

NHS DIABETES PREVENTION PROGRAMME

Region:

Date:

Service provided by:
Reed Wellbeing

Programme overview

This is a fully funded, nine-month, evidence-based lifestyle change programme for those who have been identified as being at risk of developing type 2 diabetes.

After a patient has been referred, they will be contacted within five to ten working days for an initial assessment.

Participants then attend thirteen 90-minute group or digital sessions. They receive extensive supporting resources, including handouts, trackers and a pedometer.

Reduces the risk of developing Type 2 diabetes by 37%*

*University of Manchester, 2022

HEALTHIER YOU
NHS DIABETES PREVENTION PROGRAMME

Service provided by:
Reed Wellbeing

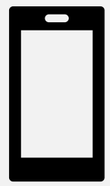
Options for participants

Face-to-face

Delivered in group sessions of up to 20 people using community venues

Digital

Digital delivery via an app provided by Second Nature



Remote

Group sessions delivered via a remote video call for select groups with additional needs

HEALTHIER YOU
NHS DIABETES PREVENTION PROGRAMME

Service provided by:
Reed Wellbeing

Eligibility

To be eligible for the programme the person must be:

- Adult 18+
- Have an HbA1c of 42-47 mmol/ml (6.0-6.4%) or an FPG of 5.5-6.9 mmol/l tested in the last 12 months
- Not have been diagnosed with Type 2 Diabetes
- Be able to participate in NHS Diabetes Prevention Programme
- If the patient has a previous diagnosis of GDM, they are eligible with a HbA1c < 42 mmol/mol or FPG < 5.5mmol/l tested within the last 12 months
- Where the patient is over 80 years, the GP should provide written confirmation, that they consider the benefits of the programme to outweigh any potential risks associated with weight loss for the individual.

HEALTHIER YOU
NHS DIABETES PREVENTION PROGRAMME

Service provided by:
Reed Wellbeing

Referral process

Refer someone securely by:

Doing searches and sending eligible patients a letter suggesting they call us

Completing our electronic referral form through the Primary Care System

Doing searches and sending Florey's Texts via AccuRX suggesting patients call us

Calling 0800 092 1191

HEALTHIER YOU
NHS DIABETES PREVENTION PROGRAMME

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Previous gestational diabetes

Women with previous gestational diabetes can make a self-referral by visiting our website

healthieryou.reedwellbeing.com/gestational-diabetes

Gestational diabetes is one of the strongest risk factors for the subsequent development of type 2 diabetes: Up to 50% of women diagnosed with gestational diabetes develop type 2 diabetes within 5 years of the birth.

HEALTHIER YOU
NHS DIABETES PREVENTION PROGRAMME

Service provided by:
Reed Wellbeing

Questions

Healthieryou.reedwellbeing.com

@reedwellbeing.org.uk

0800 092 1191

Service provided by:
Reed Wellbeing

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Priority 4b, Intervention 3:
Antenatal Care for Women with Complex Social Factors

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Insert info here

- Insert info here

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Priority 4b, Intervention 4: Maternal Mental Health Services (Reproductive Trauma Service)

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Long Term Plan Ambitions

Ambition 1 – To offer access to specialist assessment & evidence based treatment with a focus on psychological interventions in line with NICE guidance to women having moderate to severe or complex mental health difficulties with a significant association with trauma or loss in the maternity/perinatal/neonatal context and falling through the gaps of existing service provision

- Triaging cases
- Conducting initial assessments of biopsychosocial needs
- Providing advice/support and signposting to the most suitable services available
- Providing evidence-based psychological interventions

Ambition 2 – To implement an holistic, personalised and trauma informed approach to care – within and outside of the service

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Timeline and journey to now

Fylde Coast NHS Talking Therapy, MW, HV, Psychiatrist

Consistent and sustainable training approach across L&SC

Model based on informal MDT approach

SPNCMHT, RTS, Maternity, health visiting

2015 - Blackpool informal MDT service established

2016 – SPCMHT & MBU

IHV Perinatal Champions

COVID

2020 – EIP/FF funding secured for MMHS

March 2022 – MMHS Mobilised

Daily joint MDTs and collabrative working

Small team recruited to roll out the Five Year Forward View ambitions

Significant impact specifically on women and birthing people

Filling gaps in provision for moderate/severe/complex MH difficulties

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Objective's of the MMHS/Reproductive Trauma Service

National Objective's MMHS	Local Objectives RTS
Birth trauma	Co-development and co-production
A fear of childbirth (tokophobia)	Trauma Informed Approach
Birth trauma	Fathers/partners/co-parents inclusivity
Perinatal loss – including:	Peer Support Volunteers
• early miscarriage,	Workforce model
• recurrent miscarriage,	Collaborative working
• stillbirth	Upskilling wider workforce
• neonatal death,	Integrated service model
• termination of pregnancy	No time limit – work beyond PN period
• parent infant separation at birth.	Start for Life Programme
Father Assessment	Perinatal Pelvic Health Programme
Clinical Psychology Approach	Consistency is key

Our Journey so Far

- Integration of Maternity and Mental Health
- Establishing a service across the system
- Building strong foundations
- Staffing model
- Consultation and co-production
- Amending and reviewing our criteria
- Capacity and Demand
- Awards and Achievements

RTS - Eligibility criteria

Eligibility

- The service is available to women over 16 years of age who live in Lancashire and South Cumbria
- Moderate- severe trauma symptoms directly related to a reproductive experience
- Acceptance into service based on severity of mental health presentation and impact on functioning, NOT severity of traumatic experience
- Severity of symptoms dictated by frequency, level of distress, and their impact on daily/ normal functioning

Exclusion

- Referrals will not be accepted until at least 4 weeks after the traumatic event has occurred
- Referrals will not be accepted where there is already an appropriate service available to the woman/ she is accessing appropriate support elsewhere
- Psychological therapy will not be offered for treatment of tokophobia for referrals received after 28 weeks' gestation

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A Black Cloud

by Lancashire and South Cumbria Health and Care Partnership | Reproductive Trauma Service

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Common challenges

- Low access for BAME
- Increased risks for loss and poor outcomes for births 5 x more.
- Cultural and Language Barriers
- Need for tailored approaches and community engagement
- Asking for help – early intervention vs crisis
- Young parents
- How do young people ask for help ?
- Are we where we need to be?
- Consistency in relationships – are they in place?
- Mental health – what is their 'norm'?
- Do we offer a more tailored approach?
- Areas of high deprivation
- Travel costs to come to appointments
- Digital Poverty
- Do we tailor appointments to address need?

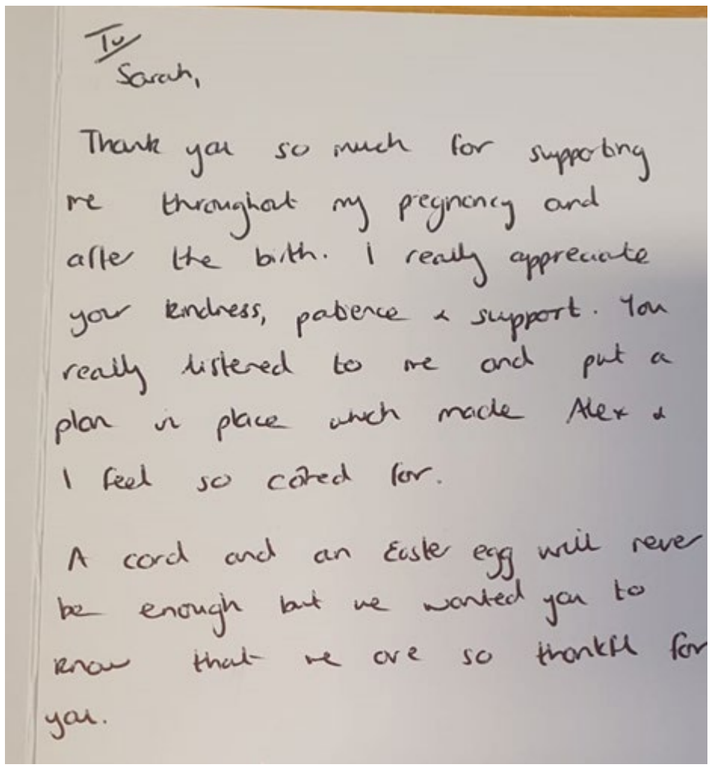
Feedback

'Nicole has been absolutely fantastic during my sessions, she provided me with a safe space to talk without any hesitation or judgments. Nicole has been instrumental in my recovery journey, I was struggling a lot following my trauma but Nicole provided me with an excellent toolkit during our sessions to combat my anxiety and stress. Nicole is a kind, gentle and a lovely soul, the service is really lucky to have her. Thank you Nicole for everything you have done for me, I will cherish it forever"

My mental health practitioner was great. Very polite, professional and supportive.
Great that virtual support can be provided.
The wait for treatment is too long.

Just a little thank you from me to you. You are wonderful and so talented at what you do. I really didn't think I would ever feel better again. Here was are 6 months later and I feel like me again. Thanks you for your care and compassion, your encouragement but most of all your patience. You are one in a million and really thank you doesn't cut it.

My mum has been thinking about your work together recently. So I just wanted to send a quick update to say that I am almost 5 months now and thanks to all the work you did together we are still breastfeeding, and mummy is in such a better head space than she was with my sister. Thank you so much for helping us all to have a happy postnatal experience. We couldn't thank you enough for everything you did to allow us to enjoy the newborn experience!



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Priority 4b, Intervention 5: Personalised Support and Care Plans

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Choice and Personalisation: LMNS Board May 20245
Risks, Issues and actions : AAA report

Project lead:

RAG rating:

Recent highlights

- PCSP – definition agreed
- We have commissioned HealthWatch to survey women's experiences, now available LMNS wide
- We have agreed an audit tool, which Trusts are using to spot check audits of the quality of the entries, both of which will contribute to ongoing improvements and identify potential training needs for staff.
- LTH and UHMB have completed the AQUA QI programme

Priorities for 25/26

- Ready to receive initial HealthWatch feedback
  - Monthly stats of submissions and locations
  - Quarterly summary of feedback from Healthwatch to C&P
- Review terms of reference
- Priorities for the year ahead
  - Identifying areas for standardisation and co-produce and system wide clinical policies such as those for implementing SBL
  - Use data to compare their outcomes to similar systems and understand variation and where improvements need to be made
  - Existing processes including training and data entry .

Comments

Green in recognition of the progress and achievement of an agreed PSP
Amber as programme is about to refresh and incorporate learning from surveys and training needs

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Priority 4b, Intervention 6:
MNVPs reflect Ethnic Diversity of Local Population

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E&E Priority 4b, Intervention 6 - Ensure your M(N)VPs in your LMS reflect the ethnic diversity of the local population in line with NICE QS167 (Statement 1 and 2)

Statement 1: People from Black, Asian and other minority ethnic groups have their views represented in setting priorities and designing local health and wellbeing programmes. Quality statement 1:

Statement 2: People from Black, Asian and other minority ethnic groups are represented in peer and lay roles within local health and wellbeing programmes. Quality statement 2:

In 2023-24 Lancashire and South Cumbria LMNS began conversations with HealthWatch Lancashire with a view to their hosting and supporting our MNVP Leads as a commissioned service for the LSC Integrated Care Board. The idea behind this was that this would:

- Ensure continued support for MNVP Independence from the ICB or NHS Provider Trusts
- Provide administrative support for MNVP Leads
- Facilitate data capture and reporting to the ICB
- Ensure a full budget could be agreed with the ICB finance team to appropriately remunerate MNVP Leads plus additional monies to support the hosting arrangements around payments, IT etc.
- Support joined up working where appropriate
- Enable better consistency of approach and delivery across the system
- Allow access for MNVPs to additional resources and support from HealthWatch
- Support compliance with the MNVP Guidance: NHS England » Maternity and neonatal voices partnership guidance

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E&E Priority 4b, Intervention 6 – Cont'd

Our first full year of commissioning HealthWatch Lancashire was 2024-25 whereby a mandate was agreed for the service provision and as and ICB we also agreed that our Public Sector Equity Duty would reflect the ask of the Equity and Equality guidance around MNVPs and the requirement to reach seldom heard voices and enable those voices to influence and effect change for those with the poorest outcomes.

The LMNS and HealthWatch designed with the MNVPs a data capture system to help focus and record the ethnic background, deciles of deprivation (through postcodes) plus other protected characteristics to demonstrate our reach as a system and what challenges and gaps we have.

Our 2024-25 annual report from HealthWatch has looked at the data collated over the year and we have our initial data sets re: engagement. You can see this on the following slides.

E&E Priority 4b, Intervention 6 – Cont'd

MNVP Engagement Summary

LMNS MNVP					
Metric	YTD 2024/25	Q1	Q2	Q3	Q4
Total number of service users engaged with	377	49	63	99	166
Total number of Global Culture/BAME	50	2	8	17	23
Number of postcodes in lowest quintile of deprivation	103	18	17	25	43
Number of LGBTQ+ contacts	7	0	2	3	2
Number of contacts registered disabled	2	0	0	0	2
Number of unknown demographics	154	20	26	49	59
Number of groups	73	13	13	17	30

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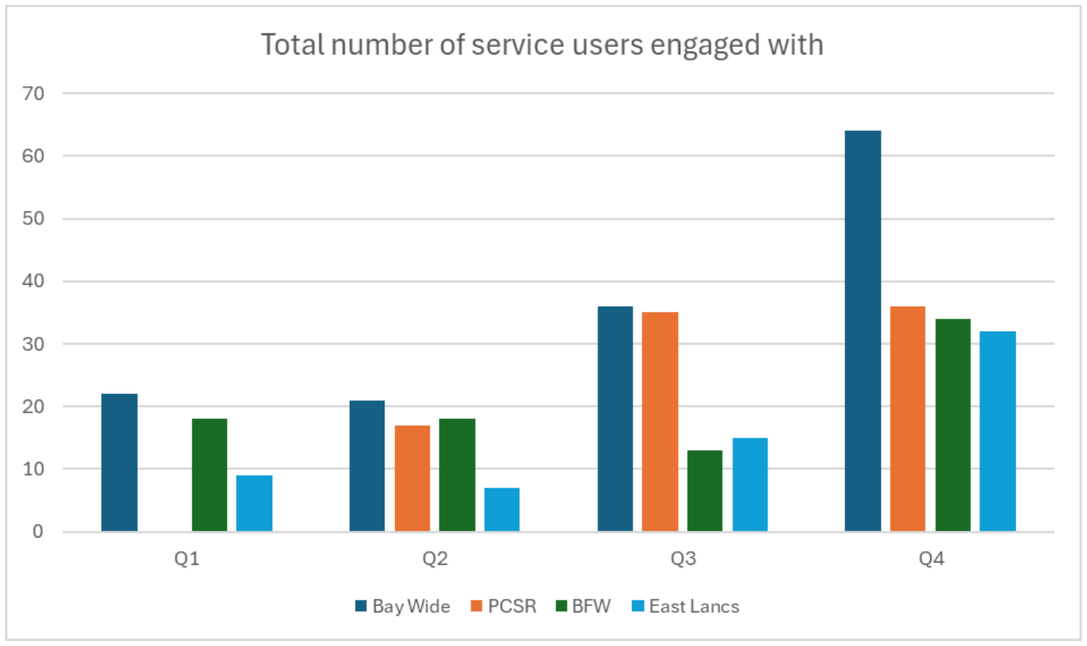
E&E Priority 4b, Intervention 6 – Cont'd

MNVP Engagement Summary

Engagement activity across the MNVPs has grown from strength to strength over the last year, with a 238% increase in service user engagement from Q1 to Q4.



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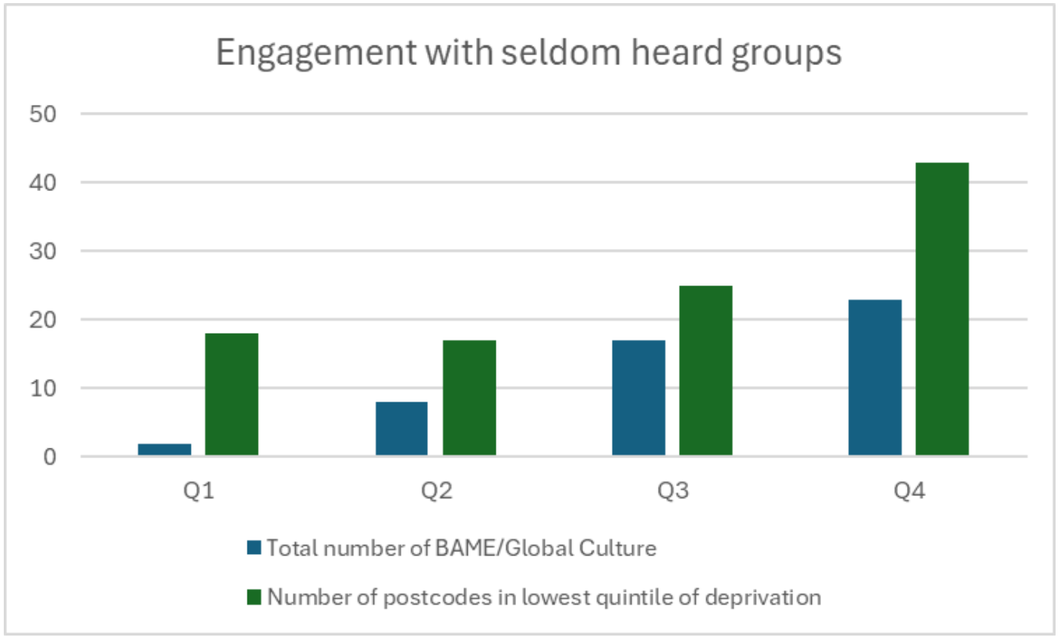
E&E Priority 4b, Intervention 6 – Cont'd

MNVP Engagement Summary

Engagement with minorities and seldom heard groups has also increased steadily throughout the year, across all areas. It has been highlighted by all the MNVP's that the BAME label is not always giving a true representation of the minority groups with a huge increase in refugees and eastern Europeans across the area. MNVPs have worked hard to develop engagement with these groups and are building strong working relationships with other organisations to strengthen these ties further. There has been consistent difficulty in accessing Gypsy, Roma and Travelling communities that are settled across the region, and this is an area to try and develop in the upcoming year.



Whilst the number of unknown demographics is still relatively high, it is encouraging to note that of those recorded demographics, 46% of all service users engaged with are from the lowest quintile of depravation, demonstrating that the MNVPs are gaining access and engagement from those seldom heard groups. Measures ae currently being implemented by Healthwatch, as detailed below, to try and reduce the number of unknown demographics and capture a more accurate picture in the upcoming year.

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E&E Priority 4b, Intervention 6 – Cont'd

MNVP Key Achievements

Bay Wide MNVP

- Engagement with bereaved families to enable their input in the planning and development of a new bereavement suite at RLI
- Development of a working group of service users for a sustained piece of work on Induction of Labour
- Implementation of a highly successful 360 feedback loop for service users/MNVP/Trust

East Lancs MNVP

- Introduction of the Engagement Lead post has allowed for increased engagement with hard to reach groups
- Working group developed to improve translation services and communication between the trust and service users
- Engagement with service users and feedback regarding issues experienced with Badger Notes

BFW MNVP

- Volunteers embedded within the MNVP to support with expansion engagement activity
- Quarterly engagement sessions implemented within the Metropole Hotel to engage with asylum seekers
- Co-production with Blackpool Family Hub and parent panel to improve access to support within the community

PCSR MNVP

- Engagement with minority ethnic backgrounds who experienced PPH to support work with the Race & Health Observatory
- Engagement surrounding infant feeding to assist in the development of trust information and support videos
- Feedback delivered following engagement regarding he use of donor milk in ethnic minority groups

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Priority 4c:

Accelerate preventative programmes that engage those at greatest risk of poor health outcomes:

Action on Perinatal Mortality and Morbidity

Priority 4c: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes:
Action on perinatal mortality and morbidity

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No.	National or Local	Intervention title	Process Indicators	Outcome Indicators	RAG
1	N	Implement targeted and enhanced continuity of carer	Placement on a continuity of carer pathway – Black/Asian women Placement on a continuity of carer pathway – women living in the most deprived areas		
2	N	Implement a smoke-free pregnancy pathway for mothers and their partners.	Low birth weight at term (<2500g) Births under 27/40 Births under 37/40		
3	N	Implement an LMS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas.	Baby Friendly Accreditation	Breast milk at first feed	
4	N	Implement culturally-sensitive genetics services for consanguineous couples.			

Priority 4c: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes:
Action on perinatal mortality and morbidity

Lancashire and South Cumbria Integrated Care Board

No.	National or Local	Intervention title	Process Indicators	Outcome Indicators	RAG
5	L	Vaccination programmes are established across the system to deliver RSV, Flu, Pertussis and COVID-19			
6	L	Health professionals feel confident and competent to provide information and support regarding maternal nutrition			
7	L	Improved community and workforce literacy regarding pre-eclampsia and placental growth factor screening			
8	L	Establishment of CORALS Birth Afterthoughts service across system			
9	L	Perinatal Pelvic Health Services implemented with a focus on access by ethnicity and deprivation			
10	L	Quality Improvement methodology utilisation to improve outcomes for women of Black ethnicity in relation to Major Obstetric Haemorrhage			

Maternity Workstream Highlight Report

Prevention

Period covering: 31/08/24 – 29/11/24

Current assurance level A

Key Aims:

1. To coordinate the strategic agenda and operational activity across the L&SC footprint to improve health outcomes, reduce inequalities, highlights gaps in provision, and optimise on economies of scale by pooling learning, expertise, activity and resources

2. To unify policy/supporting guidelines and upskill workforce according to a standardised curriculum to facilitate all infants, women and their families receiving standardised care.

3. To improve data collection and analysis to understand population health needs, inform progress against objectives and evidence where services require development.

Key Progress / Achievements since last report:

Enabler: ICE Network: 1) Review of meeting function and information required and received.

Infant Feeding: Funding secured to: 1) provide ongoing education for Lactation Consultants across system as per requirements to maintain certification. 2) short-term fund Anya app in Westmorland and Furness to reduce unwarranted variation across system during period of recommissioning. 3) NN task and finish group established(including NN ODN and IF Network) focusing on optimised pathways between NN and community transfer. $) Recovery meeting with UHMB.

Maternal Nutrition: delivered training to 80 pre-reg students at UCLan and UoC. Student involved in delivering training. Evaluation undertaken. Training embedded in pre-reg curricula and expanded to health visiting. Task and finish group established in Blackpool re maternal nutrition and physical activity.

Smoke Free Pregnancy project: 1) Smoke Free Lancashire and South Cumbria event 10.09.24, maternity and CYP are one of three foci. 2) funding secured for additional CO monitors at each Trust 3) mop-up iPIP training for Treating Tobacco Dependency Advisors (end of Q4)

EMCoC: 1) Building blocks achieved in readiness for go live of BwD team 16.12.24. 2) Funding secured for B7 Lead & B4 Enhanced MSW/Advocate(s) across system 3) action plans in development for each Trust against 12 Building Blocks 4) Established task and finish group

Culturally Sensitive Genetic Services: 1) Workshop for partnership – evaluation planned and activity for next year set. 2) Training session within maternity. 3) Engagement of GPs and schools by HomeStart. 4) Pathway enhanced by close partnership between CRM MW, Genomic Associate and HomeStart – case studies to reflect this. 5) National CoP 17/09/24.

Vaccination in Pregnancy: RSV vaccination launched, COVID-19 and Flu season commenced, pertussis ongoing.

ICB Population Health Event: Panel member. Poster presentation / market place regarding equity work in the workforce and Culturally Sensitive Genetic Services respectively.

Maternity Workstream Highlight Report

Prevention

Period covering: 31/08/24 – 29/11/24

Current assurance level **A**

Key Activities next quarter:
Enabler: Maternity Resource Hub: 1) Transfer domain name of Maternity Resource hub to ICB server, purchase domain name www.maternityresourcehub.nhs.uk also and bounce original to this. 2) Redesign and population of Maternity Resource Hub to present a service user- and workforce-friendly version of the E&E Plan (as well as wider LMNS work).
Infant Feeding: 1) Completion of review, consultation and ratification processes for V3 of suite of infant feeding policy and guidelines. 2) Develop locality-based action plans in response to Strategy. 3) NCIC reaccreditation assessment December 2024. 4) BTH maternity, neonatal, health visiting and family hub network combined Stage 2 assessment 4th/5th December. 5) LTHTr maternity Stage 2 assessment 5th/6th March 2025 6) UHMB maternity Stage 2 assessment 26th/27th March 2025. 7) 7 minute briefing re Anya app to increase uptake.
InHIP – Continuity of Carer and PlGF/Pre-eclampsia: 1) completion of digital resources for families, champions and staff and training resources for HEIs. 2) Present final report to Board 07/02/25. 3) progression work regarding roll out of training to Family Hubs and VCFSE when student MWs are placed there (UCLan) 4) embedding of training into pre-registration curricula.
Smoke Free Pregnancy: 1) Task and Finish group established: aim to improve national data reporting to reach validation. 2) Implementation of national incentive pilot scheme across system. 3) Actions from Smoke Free LSC conference being progressed at BTH and UHMB re DNAs.
Maternal Vaccination: 1) analyse disaggregated data to understand areas of lowest uptake. 2) develop stretch plans for NHSE to be developed to include outreach clinics in areas of highest need.
Culturally Sensitive Genetic Services / Enhanced Midwifery Continuity of Carer (Pennine): 1.) Paper to ICB Chief Nurse re ambition to continue community literacy element of the project, despite removal from strands of national programme: meeting on 09/11/24. 2) advertise for 1.0wte Neonatal and Paediatric Nurse lead. 3) Evaluation to commence. 4) development of community literacy video for ANCs re knowing history / informing MW re close relative marriage.
Maternal Nutrition – 1) Evaluation report to Board – 10/01/24. 2) Bitesize training modules to be available on Maternity Resource Hub. 3.) develop a plan with PH MWs and PD MWs re delivery of these to workforce.
PN Diabetes Prevention: 1) Re-establish task and finish group (previously temporarily suspended due to LMNS capacity) 20 Ensure standardised letters are sent to GPs following diagnosis of GDM and on discharge 3) analyse data regarding diagnoses, screening PN and onward referral to National Diabetes Prevention Programme to develop plan with Primary Care to optimise pathway.
EMCoC: 1) Analyse disaggregated data with intersectionality for IMD/ethnicity/public health outcomes/safety outcomes/complex social needs outcomes – to identify high need geographical areas for placement of MSWs initially (and eventually EMCoC teams). 2) Recruitment of Project Managers and Enhanced MSWs/Advocates 3) AD and workforce lead to meet with DOMs re current staffing position.

Maternity Workstream Highlight Report: Prevention / E&E

Current assurance level **A**

Period covering: 31/08/24 – 29/11/24

Lancashire and

Issue/Risk (For Escalation/Mitigation)	Recommendations	Score
Risk of not being able to both inform our priorities and demonstrate the impact due to a lack of a central data repository to enable centralised accurate LMNS wide interrogatable data, resulting in a lack of evidence to support identification of interventions and demonstrating the positive impact on PH outcomes.	Risk has been escalated to the ICB Corporate Risk Register with a score of 20. Current ICB preference is repository into CSU for analysis – Clevermed not yet submitted plan with timescales and costs as per original timeframe of 16.10.23. CSU progressing with their plans. Update: ICB Secure Data Environment in development	**Very High**
Issue that the deadline to produce a publishable E&E plan, based on service user insight and data, has been missed (05/2023) due to risks re. mechanisms for co-production and data provision for population health needs analysis which results in service users and workforce not receiving comms regarding the E&E work.	"Holding position" plan on a page published on maternity resource hub in October 2023. Work now ongoing to ensure maternity resource hub content is service user and workforce friendly by Q2 24/25. Update: 1) transfer of maternity resource hub to ICB comms server planned for Q3, 2) E&E/prevention content to be first to be updated in Q4 24/25.	**Medium**
Risk that Maternity services are not able to maximise access to the maternal vaccination offer (pertussis year-round and flu and COVID-19 seasonally) as per national letter due to insufficient trained staff within services and insufficient capacity to release trained staff to deliver vaccinations - will result in women not being able to access vaccinations at the same time as their antenatal care, thereby increasing chances of remaining unvaccinated and as such increasing the risk to mother and fetus/newborn.	ELHT, LTHTr and UHMB: have operationalised maternal vaccination plans and reporting outcomes to NHSE. BTH: HoM oversight of urgent, interim plan. With NHS E support, mobilised urgent clinics before Christmas. Plan for regular and immediate short-term offering whilst long-term plan is developed. All Trusts have submitted plans to NHS E for Autumn/winter 24/25 seasonal plans which are not operationalised. Stretch plans being developed to offer outreach provision. Recommend: closure of risk.	**Low**

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Maternity Workstream Highlight Report: Prevention / E&E

Period covering: 31/08/24 – 29/11/24

Current assurance level **A**

Issue/Risk (For Escalation/Mitigation)	Recommendations	Score
Risk of insufficient CO monitors being available within clinical settings due to expiration of sensors not being anticipated which will result in non-compliance with both SBLv3 and Intervention 2, Priority 4c, of the Equity and Equality Plan, and incomplete triage of women for VBA / referral on.	QuitSquad did donate 120 – but all out of date. Business case to ICB for single user CO monitors was successful and delivery has been taken by Trusts – however very short expiry on those received and ICB raising with Bedfont, awaiting decision. LTHTr bought additional monitors using MIS funds. Update: Funding for CO monitors secured, to be included in MOU2, require purchasing by Trusts. Consider closing once purchased.	**Medium**
There is a risk that there is no provision of live birth data to the NCT (National Childbirth Trust the local provider of breastfeeding peer support) because of non completion of information sharing agreements and mechanisms for optimising data slow not being put in place by Trusts resulting in sub-optimal delivery of NCT infant feeding support service across the LCC footprint	November status: 1) BTH, ELHT, LTHTr have signed ISAs in place; UHMB - no final signature from Trust despite IG now being happy with content). 2) ELHT have achieved manual data flow. BTH, LTHTr and UHMB – no data yet received by NCT. Aim is for BTH to develop script for automatic, daily data flow so that personnel is not required - this can be shared with digital leads at ELHT, LTHTr and UHMB for implementation to remove the risks associated with reliance on personnel.	**High**
Risk of incomplete Smoke Free Pregnancy pathway data submissions due to challenges with data collection/reporting which are not currently understood, resulting in non-compliance with national tobacco dashboard.	Service shut down pan-system held on 22.03.24 with BI teams from all Trusts. Temporary spreadsheets to be held by each service to ensure data is available. BI teams exploring how data can be provided via BadgerNet reports as long-term solution. Update: Task and finish group to be established Q4.	**Medium**
There is a risk of significantly delayed roll out of Enhanced Midwifery Continuity of Carer model across the system due to insufficient staffing levels for safe staffing within Trusts which results in less improved outcomes in terms of safety, health inequalities, service user experience and staff experience.	October 2024: 1 - AD and Workforce Lead to establish current position with each Trust in relation to safer staffing. 2 - AD and Workforce Lead to develop plans with each Trust in relation to safer staffing. 3 - Each Trust to have a B7 Project Lead or Specialist Midwife to work towards 12 Building Blocks of EMCoC as interim mitigation. 4 - Each Trust to have B4	**Medium**

Maternity Workstream Highlight Report: Prevention / E&E

Period covering: 31/08/24 – 29/11/24

Current assurance level **A**

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Requests / Key messages for Board / Exec Group	From
Continuing professional development of lactation consultants	Prevention / E&E
Anya app – now funded across system. Antenatal uptake low, require support to promote with staff.	Prevention / E&E
CO monitors to be included in MOU2, require purchasing by Trusts.	Prevention / E&E
National Incentive Pilot Scheme to be launched Q4 in relation to Smoke Free Pregnancy pathway.	
EMCoC planning commenced at all Trusts.	Prevention / E&E

National /Regional Updates (New Guidance etc) *include links. Attachments on email*:	Attached Y/N
https://assets.publishing.service.gov.uk/media/672cce5a62831268b0b1a330/__Executive_summary___.pdf NFANT FORMULA AND FOLLOW-ON FORMULA MARKET STUDY Interim report summary	Link
Infant Feeding Policy and Guideline Consultation – closed on Wednesday 04/12/24	PDF IF Policy and delines v3 for Cons

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Priority 4c, Intervention 1: Enhanced Continuity of Care

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NHS

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

Target population

CORE20 PLUS 5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

Enhanced Midwifery Continuity of Carer

Initial Definitions

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- Midwifery Continuity of Carer:
  - ensuring continuity of carer (from pathway identified at booking, throughout antenatal, intrapartum and postnatal periods)
  - For 75% of women from BAME communities and from the most deprived groups (decile 1 focus)

  This should have a geographical focus, and not a focus on vulnerabilities or complexities – either medical or social

- Enhanced Midwifery Continuity of Carer:
  - Refers to increase in capacity within the team provided by an MSW/Advocate role at B4, who facilitates activity for women within a geographical location of highest deprivation (IMD1):
    - to enhance peer support amongst women of similar gestations,
    - to support access to services addressing the wider determinants of health,
    - to increase women's agency around optimising health,
    - to provide support re behavioural activation
    - to release midwifery time to care.

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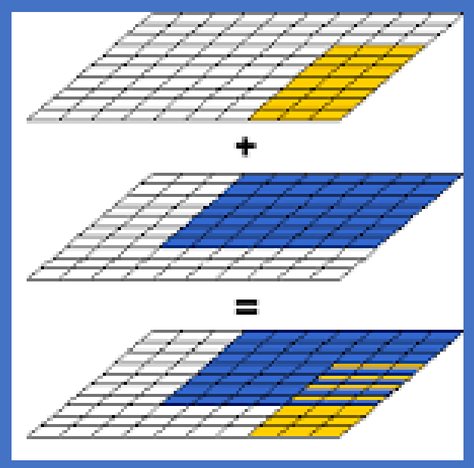
Identifying geographical enhanced Continuity of Carer teams: to enhance the care of families practising close relative marriage

Practitioners

- Ethnicity
- Postcode
- Project specific: screening questions re consanguinity.

Trust BI Team



Data regarding Pakistani heritage, deprivation and a family history of close relative marriage overlayed to identify priority geographical wards for locating Enhanced Continuity of Carer teams.

Workstreams

ICE work and asset mapping ongoing to co-produce service design with communities, workforce and Trust leads. Evaluation by data and insight in planning.

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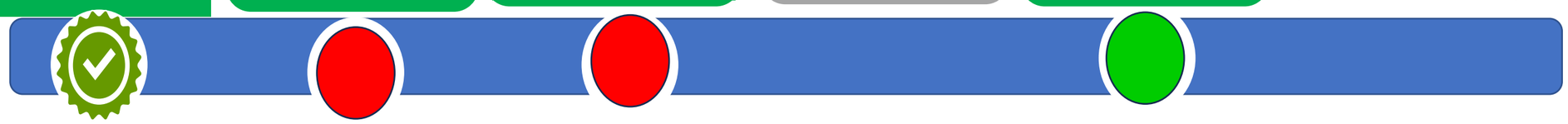
2024/25	2025/26			
Q3	Q1	Q2	Q3	Q4
East Lancashire Hospitals NHS Trust Willow Team DEC 24	All Trusts B4 Enhanced Maternity Support Workers APRIL 25	All Trusts B7 Continuity of Carer Lead / Specialist MW APRIL 25		East Lancashire Hospitals NHS Trust Blossom Team OCT 25



KEY: Service Fully Est. | Service Started | On Track | Delay

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Need to insert

- Insert re work in EL to identify priority wards

Enhanced Midwifery Continuity of Carer

Meeting Assurance August 2025 onwards

- Gold standard remains as per definitions in 4 slides prior. We are still aiming to implement teams based on this, subject to safe staffing levels.

- However, as of August 2025, Trusts can now report compliance if they provide continuity of care with a B4 supporting to increase capacity, even if:

  - They provide continuity across only antenatal and postnatal time periods, and do not achieve intrapartum continuity
  - They provide continuity to a targeted group, such as socially or medically vulnerable, rather than a geographical locality.

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Priority 4c, Intervention 2:
Smoke Free Pregnancy Pathway

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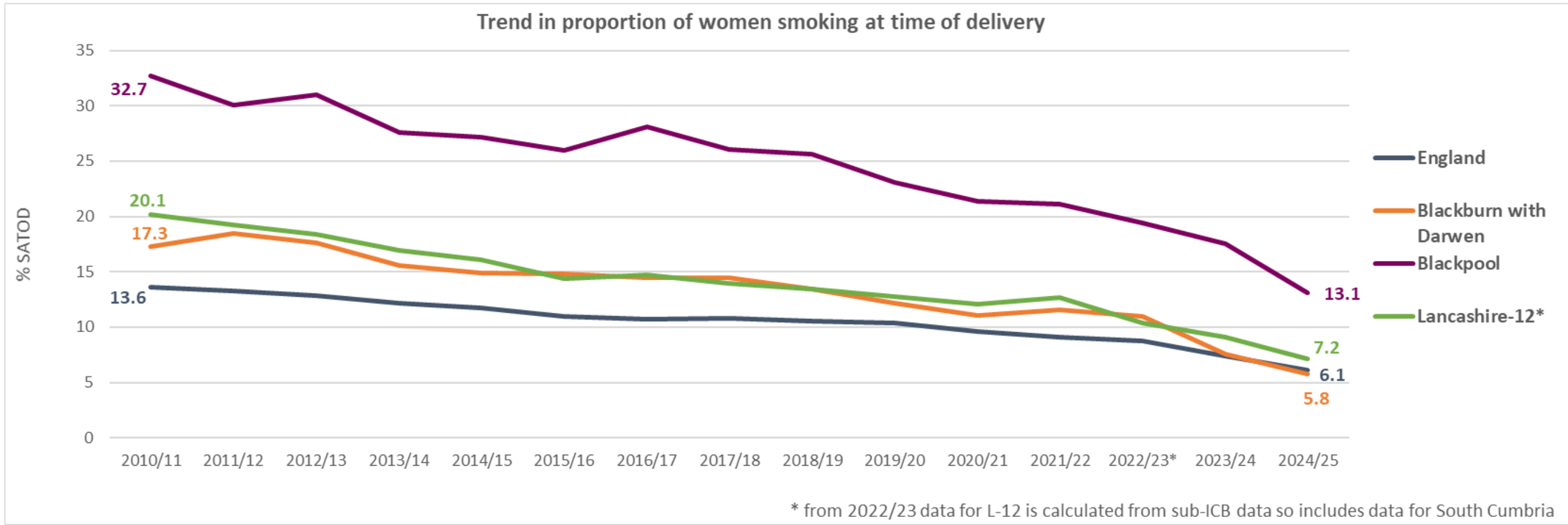
Trend in proportion of women smoking at time of delivery

(SATOD v1-NHS Digital)



	2010/11	2012/13	2014/15	2016/17	2018/19	2020/21	2022/23*	2023/24	2024/25
England	13.6	12.8	11.7	10.7	10.6	9.6	8.8	7.4	6.1
Blackburn with Darwen	17.3	17.6	14.9	14.5	13.5	11.1	11.0	7.6	5.8
Blackpool	32.7	31.0	27.2	28.1	25.7	21.4	19.4	17.5	13.1
Lancashire-12*	20.1	18.4	16.1	14.7	13.4	12.1	10.4	9.1	7.2
Lancashire-14*	20.9	19.5	17.3	16.2	14.8	13.0	11.8	10.0	7.5
North West	17.8	16.5	14.8	13.4	12.7	11.0	10.3	8.4	6.5
* In 2022/23 Lancashire 14 figures change to Lancashire ICB figures									

Source: NHS Digital, Statistics on Women's Smoking Status at Time of Delivery: Data tables
[Statistics on Women's Smoking Status at Time of Delivery: Data tables - NHS England Digital]

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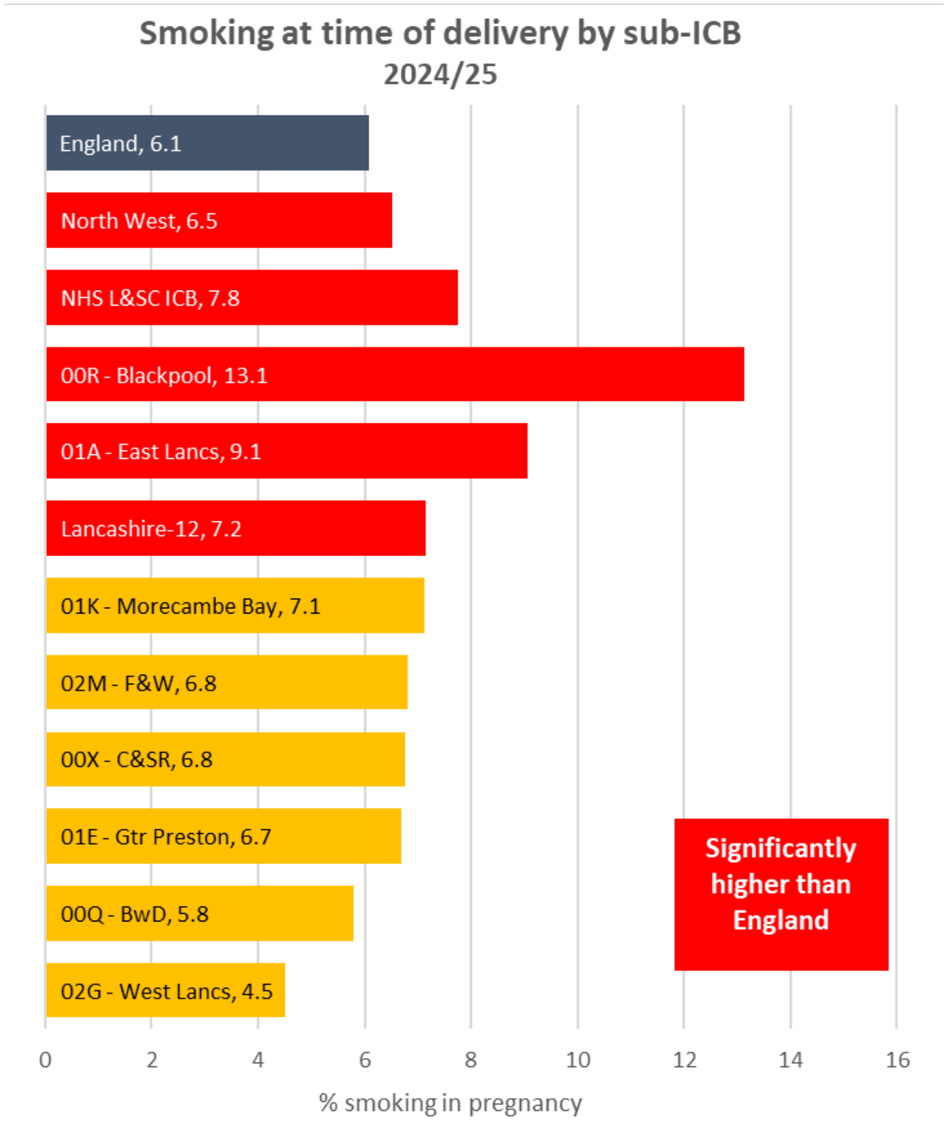
Smoking at time of delivery by sub-ICB: 2024/25

(SATOD v1-NHS Digital)

- **1,181** (7.8%) of pregnant women across L&SC ICB were smokers at time of delivery in 2024/25
- This is from 10% in 2023/24
- **Highest** rates are in **Blackpool**, 13.1%
- **Lowest** rates are in **West Lancashire**, 4.5%

	% SATOD 2024/25	Change since 2023/24
02G - West Lancs	4.5	↓
00Q - BwD	5.8	↓
01E - Gtr Preston	6.7	↓
00X - C&SR	6.8	↓
02M - F&W	6.8	↓
01K - Morecambe Bay	7.1	↓
Lancashire-12	7.2	↓
01A - East Lancs	9.1	↓
00R - Blackpool	13.1	↓
NHS L&SC ICB	7.8	↓
North West	6.5	↓
England	**6.1**	↓



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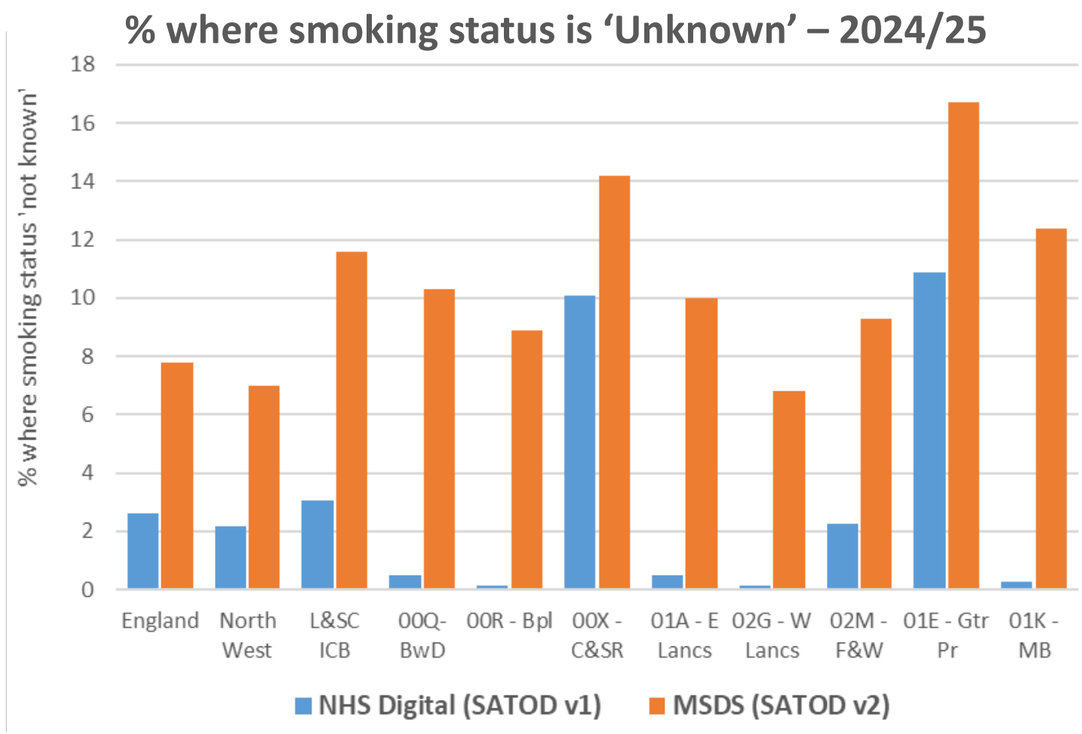
Changes to Quarterly reporting

The 2024/25data return is the last report that includes comparative data from the original NHS Digital Smoking at Time of Delivery (SATODv1) data collection and the Maternity Services Dataset-MSDS (SATODv2). This dual reporting has helped to determine the retirement of the NHS Digital SATODv1 data collection due to the close alignment between the two sources. Subsequent reporting will include data from MSDS only.

While proportions SATOD are similar, there is greater discrepancy in numbers ‘unknown’ between the original NHS Digital return and the new MSDS return. Proportions smoking at delivery are calculated excluding the unknowns.



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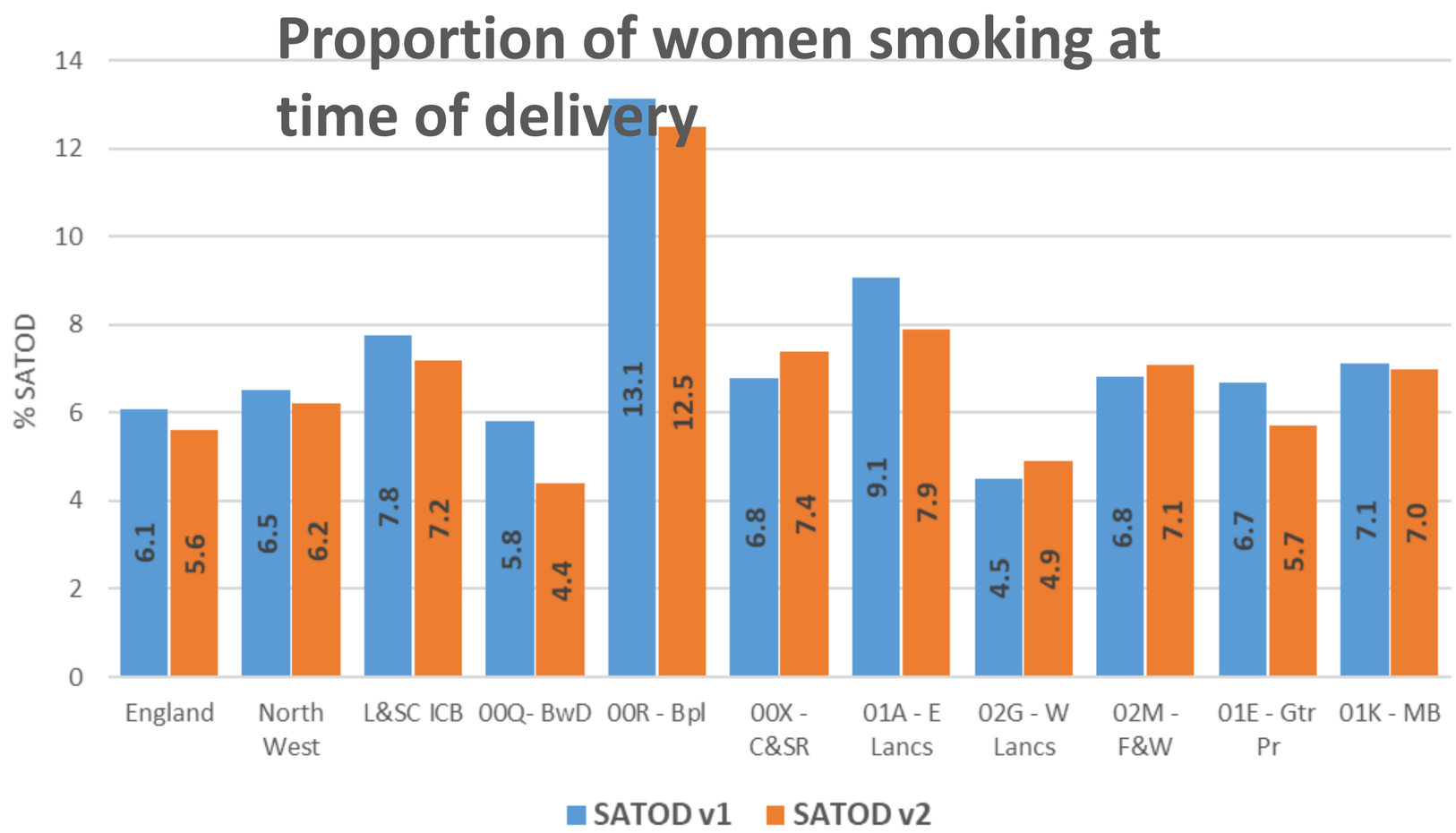
Comparison of SATOD v1 and SATOD v2 at sub-ICB level: 2024/25



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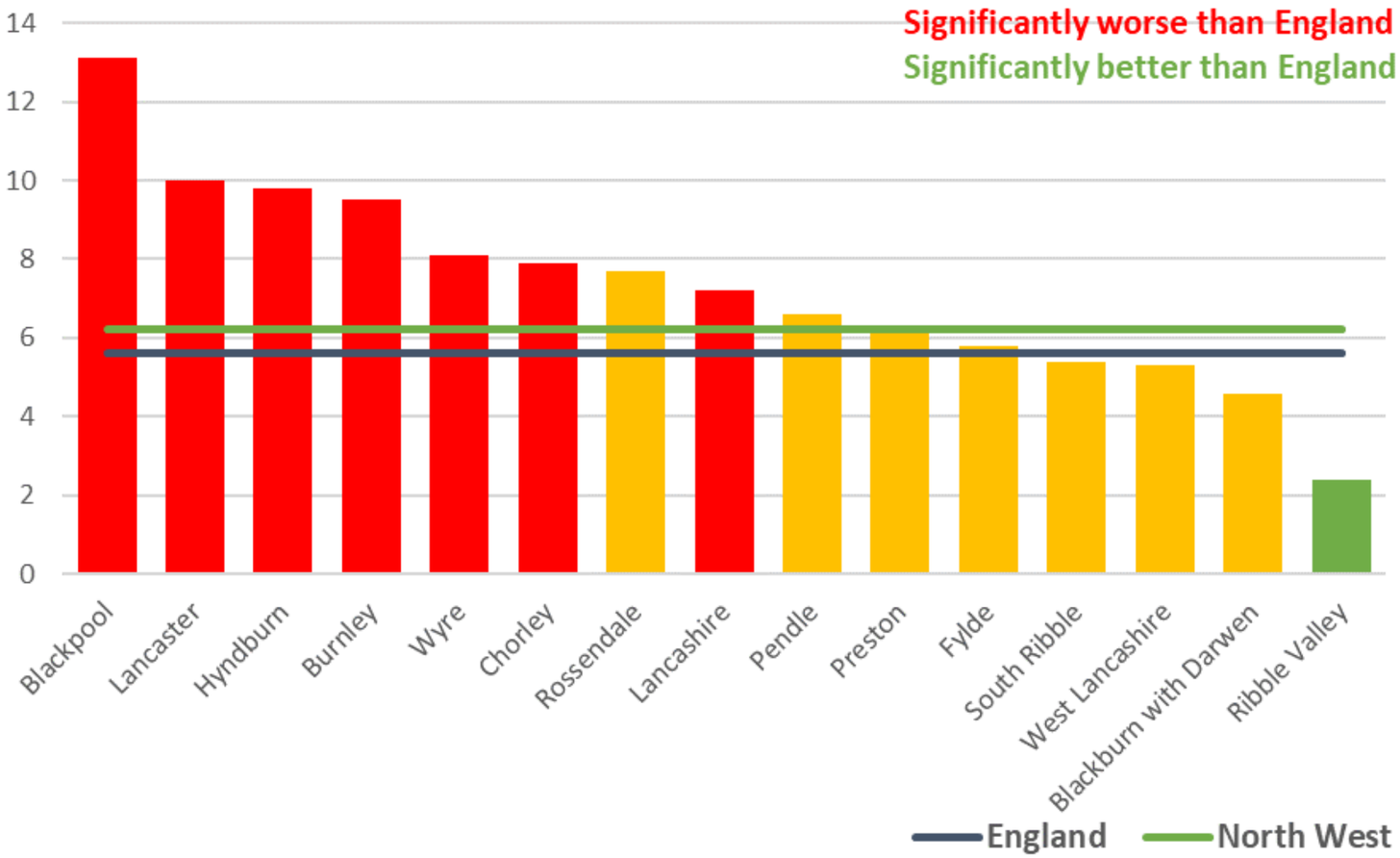
Proportion of women smoking at time of delivery by LTLA: 2024/25

(SATOD v2-MSDS)



	% SATOD	95% CI
England	**5.6**	***5.6 - 5.7***
North West	**6.2**	***6.0 - 6.4***
Blackburn with Darwen	4.6	*3.7 - 5.7*
Blackpool	13.1	*11.5 - 15.3*
Lancashire	7.2	*6.7 - 7.7*
Burnley	9.5	*7.7 - 11.4*
Chorley	7.9	*6.0 - 9.7*
Fylde	5.8	*4.3 - 8.4*
Hyndburn	9.8	*7.9 - 12.0*
Lancaster	10.0	*8.3 - 12.3*
Pendle	6.6	*5.3 - 8.4*
Preston	6.1	*5.1 - 7.6*
Ribble Valley	2.4	*1.0 - 3.7*
Rossendale	7.7	*5.6 - 9.9*
South Ribble	5.4	*4.0 - 7.0*
West Lancashire	5.3	*3.6 - 6.9*
Wyre	8.1	*6.2 - 10.1*

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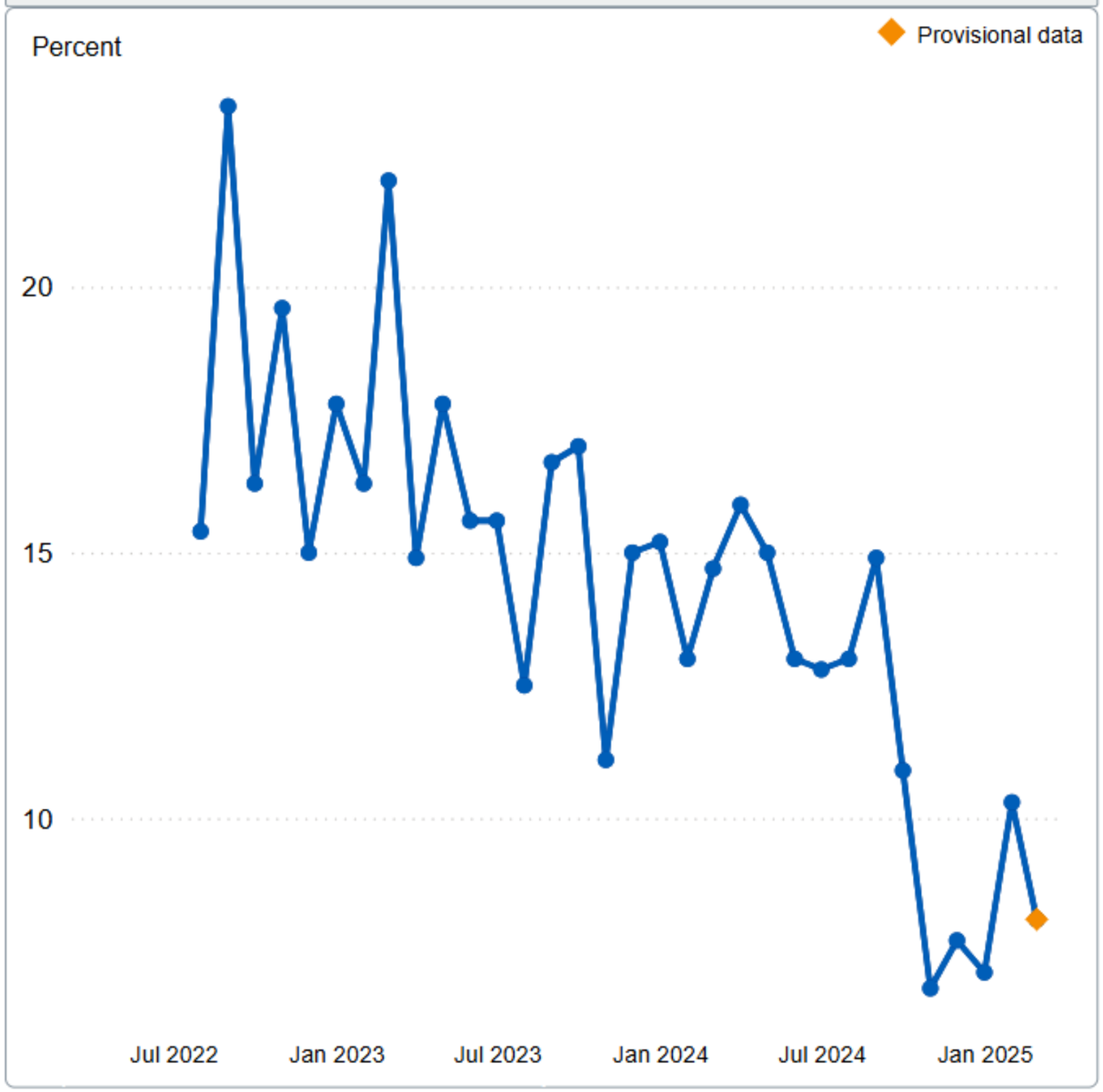
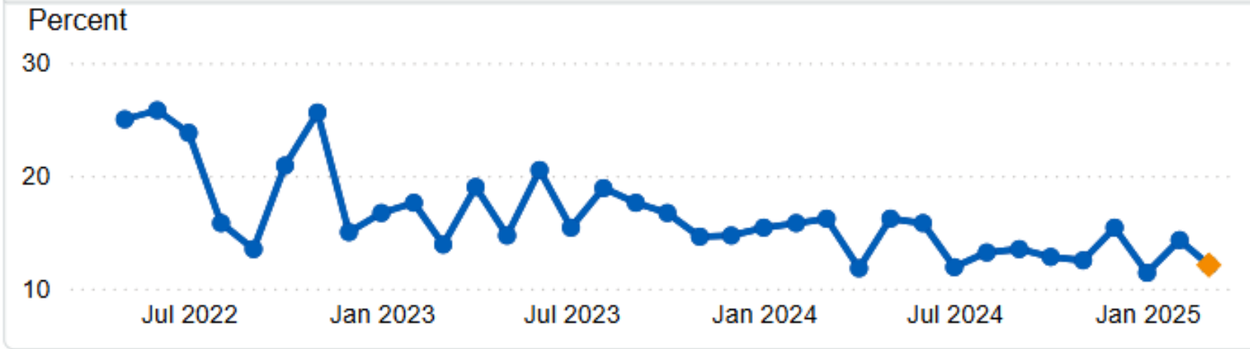
BLACKPOOL HOSPITAL TRUST

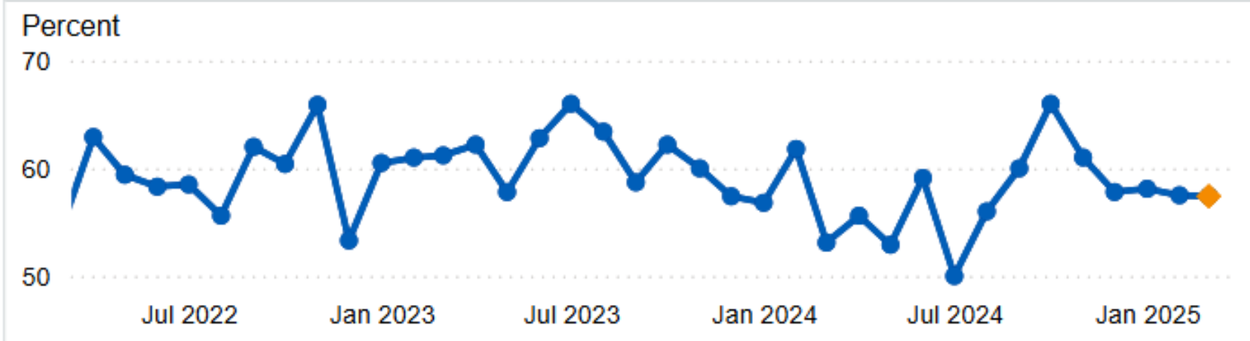
Women who were current smokers at delivery



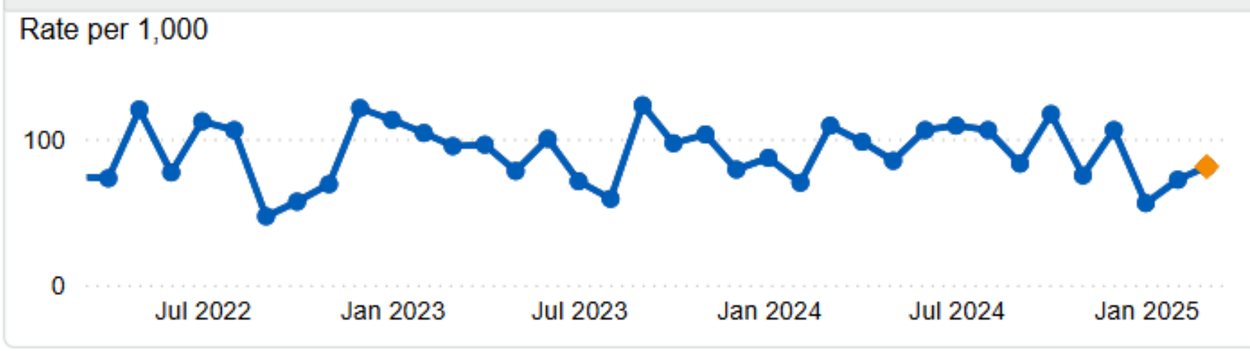
Women who were current smokers at booking appointment



Babies with a first feed of breast milk



Babies who were born preterm



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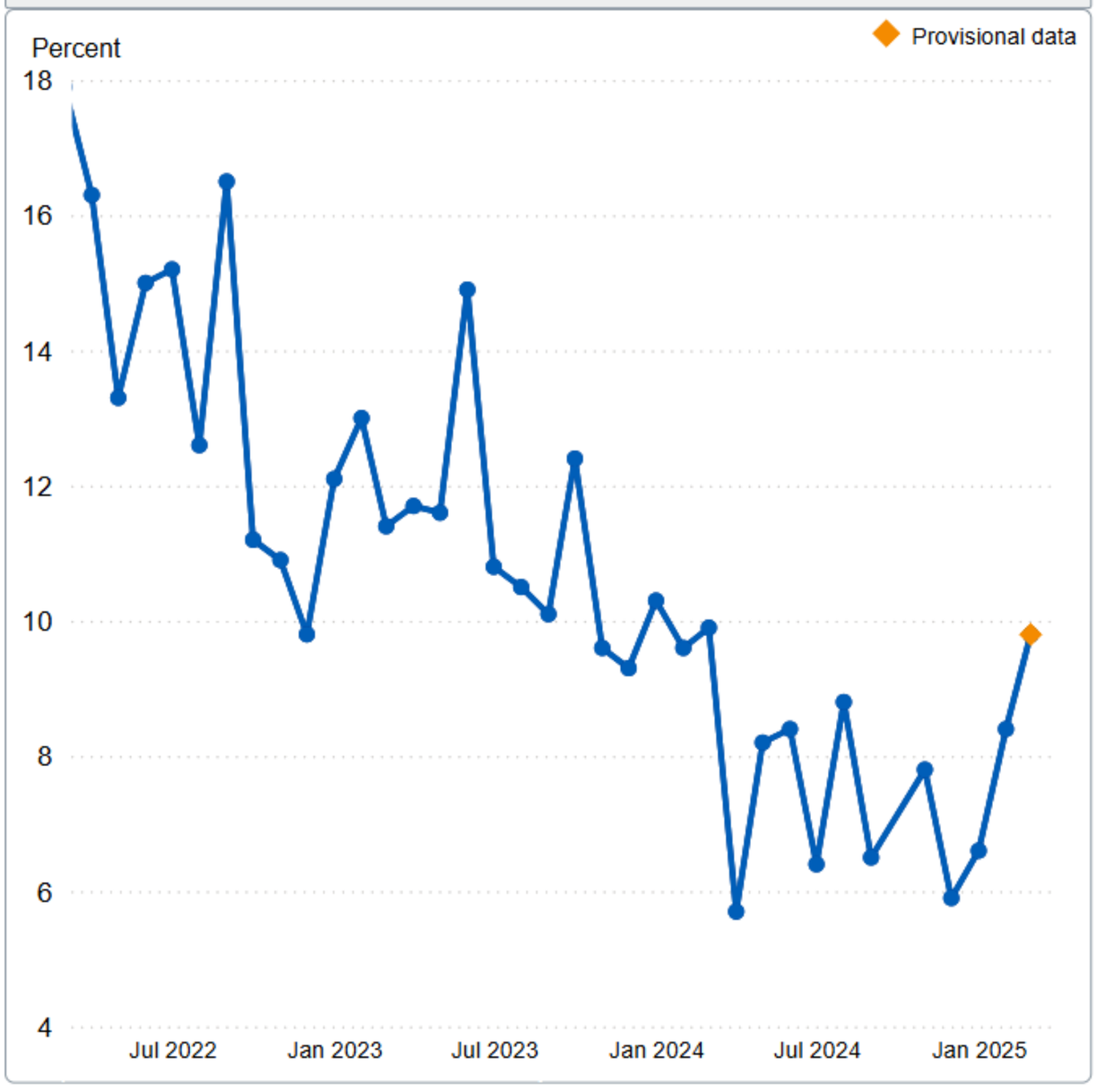
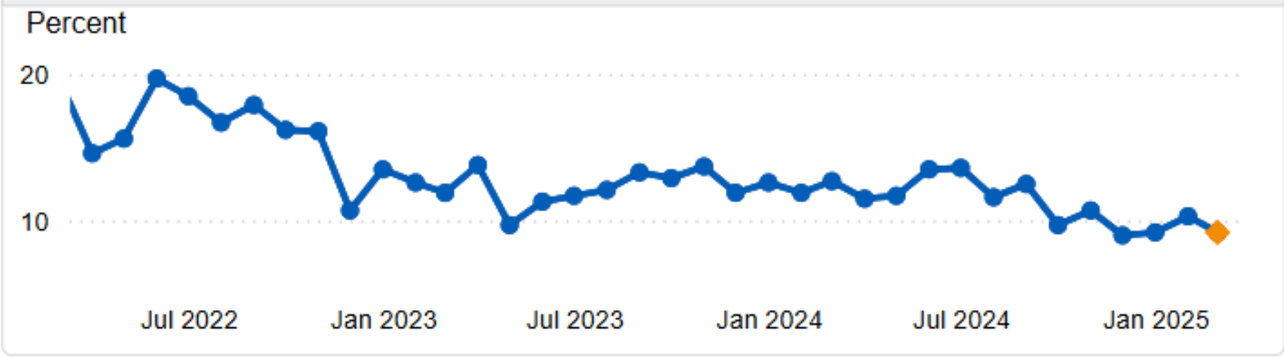
EAST LANCASHIRE HOSPITAL TRUST

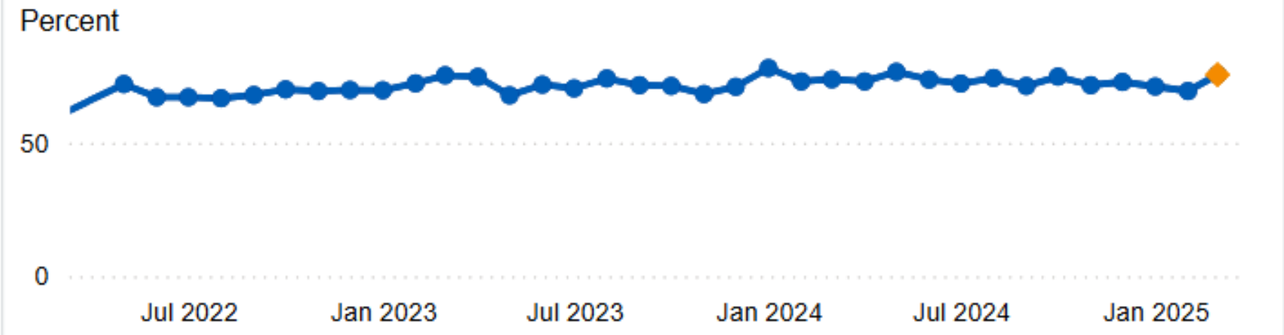
Women who were current smokers at delivery



Women who were current smokers at booking appointment



Babies with a first feed of breast milk



Babies who were born preterm

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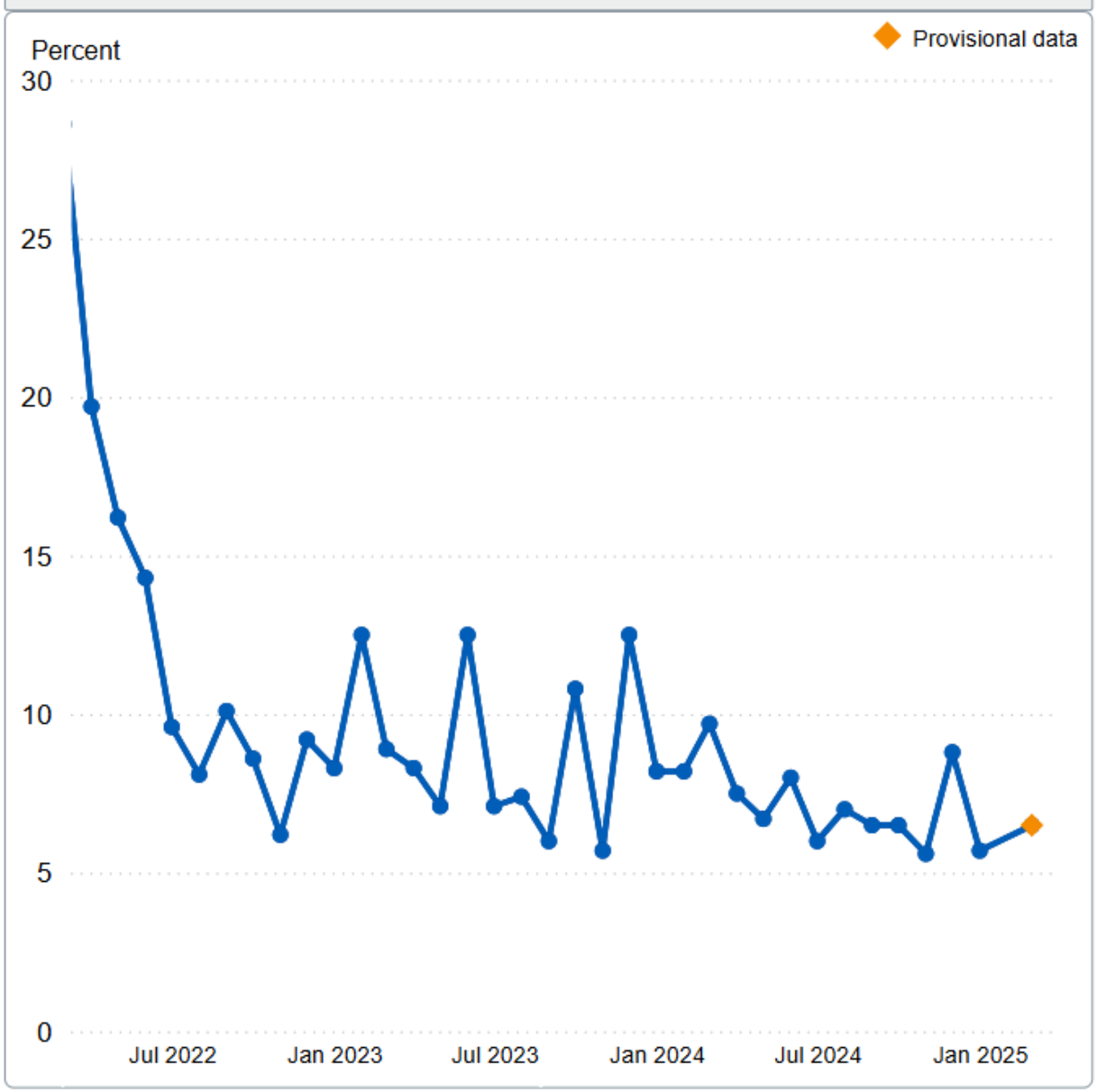
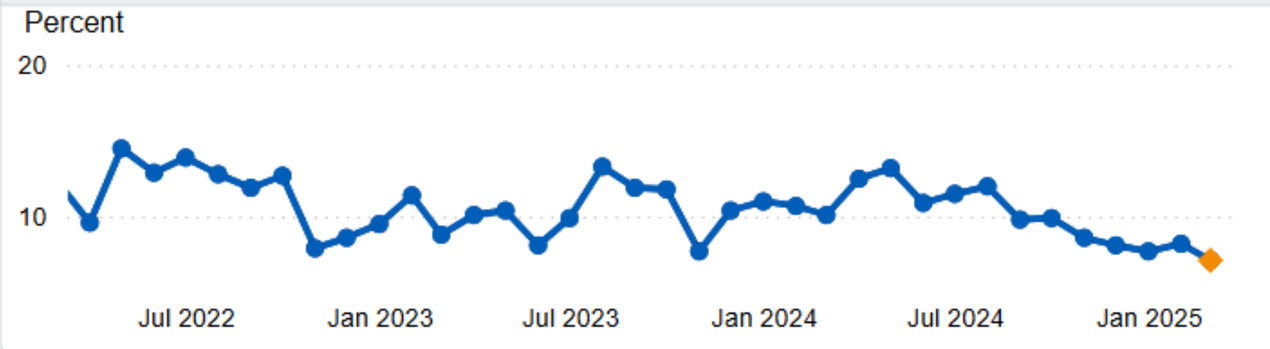
LANCASHIRE TEACHING HOSPITAL TRUST

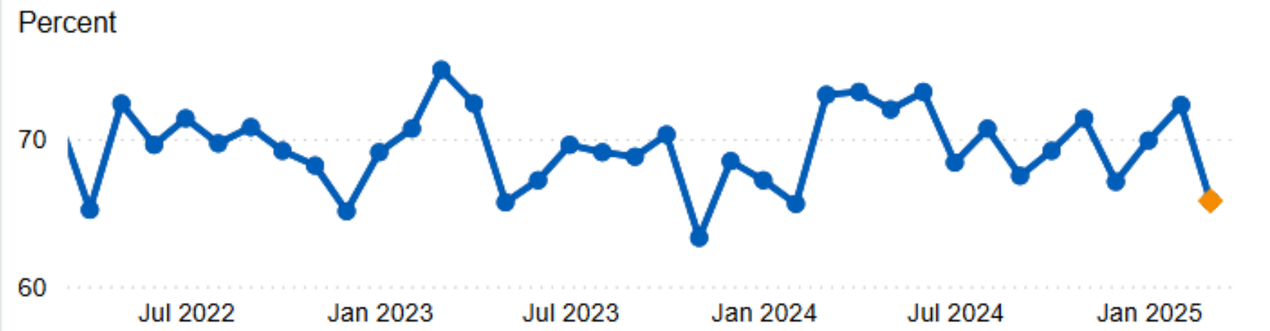
Women who were current smokers at delivery



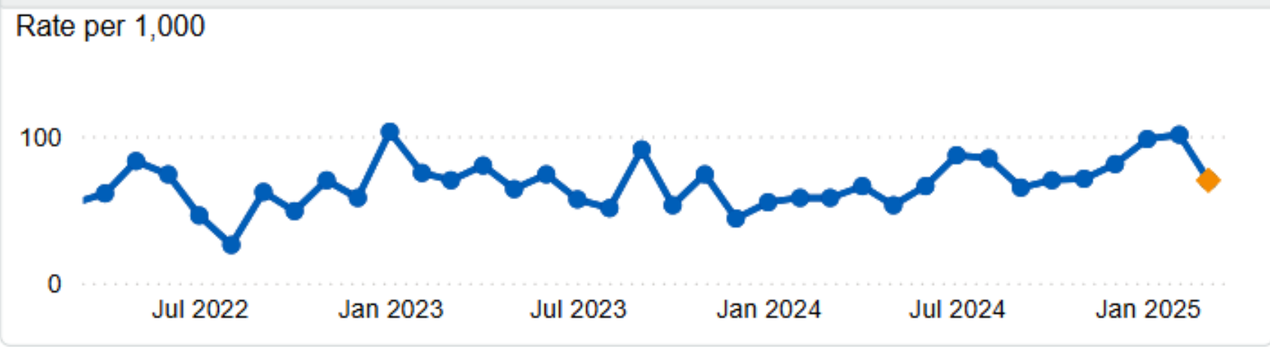
Women who were current smokers at booking appointment



Babies with a first feed of breast milk



Babies who were born preterm



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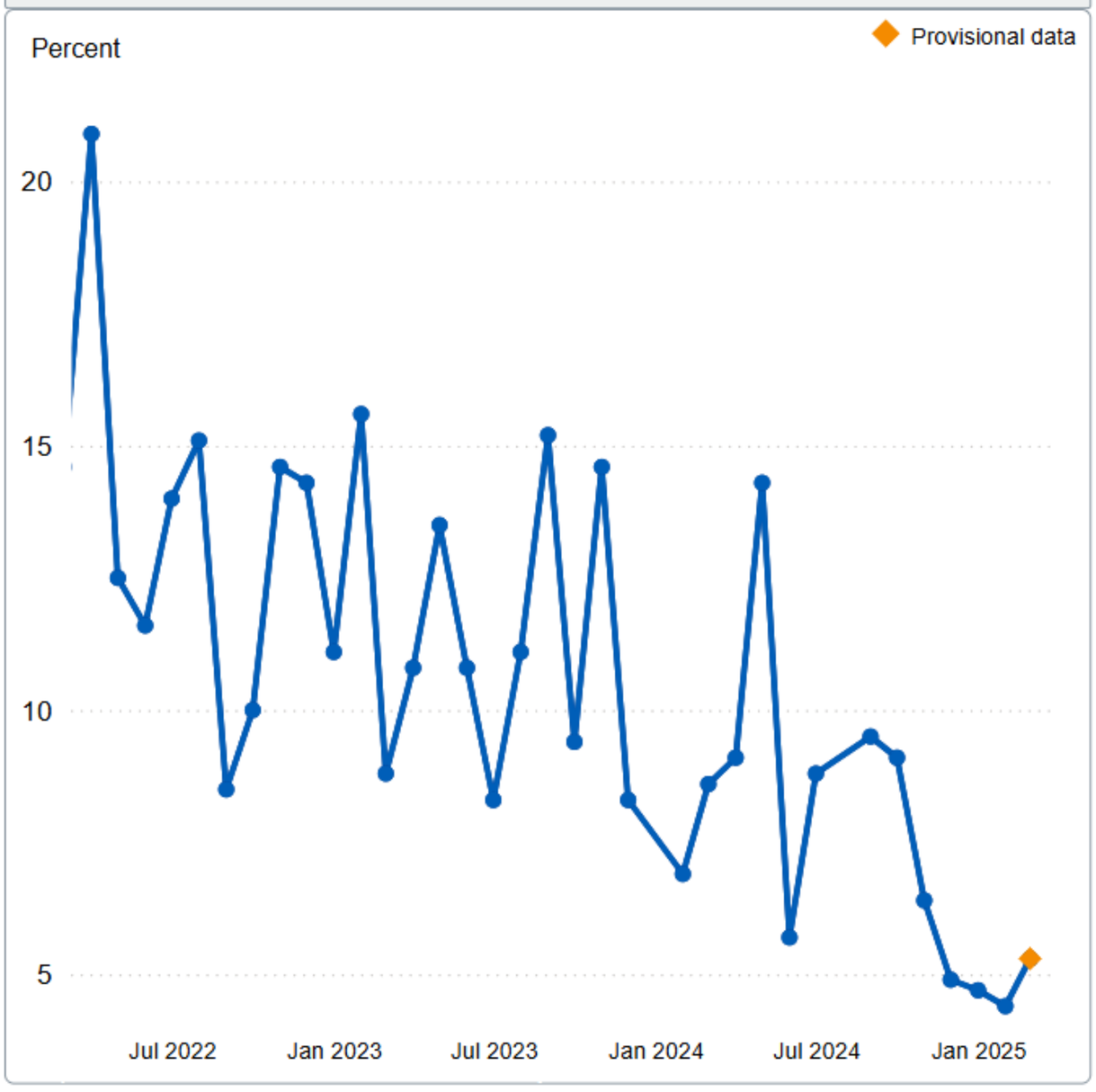
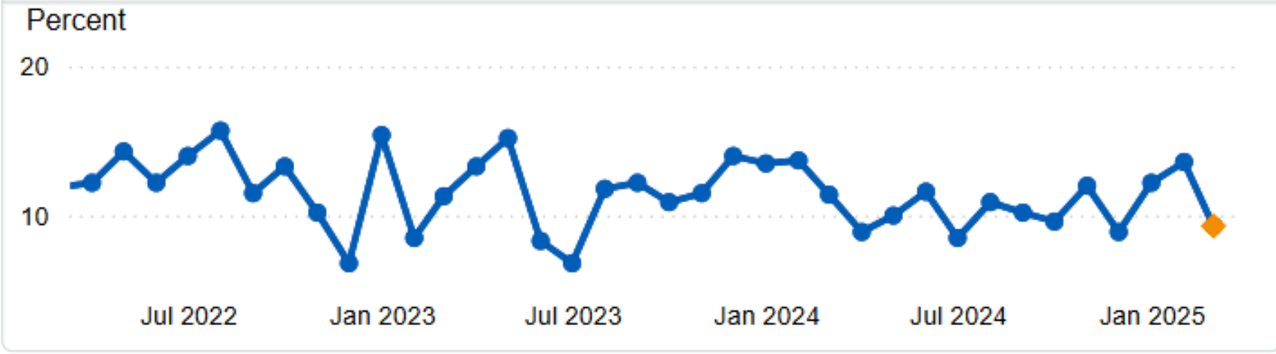
UNIVERSITY HOSPITALS OF MORECAMBE BAY

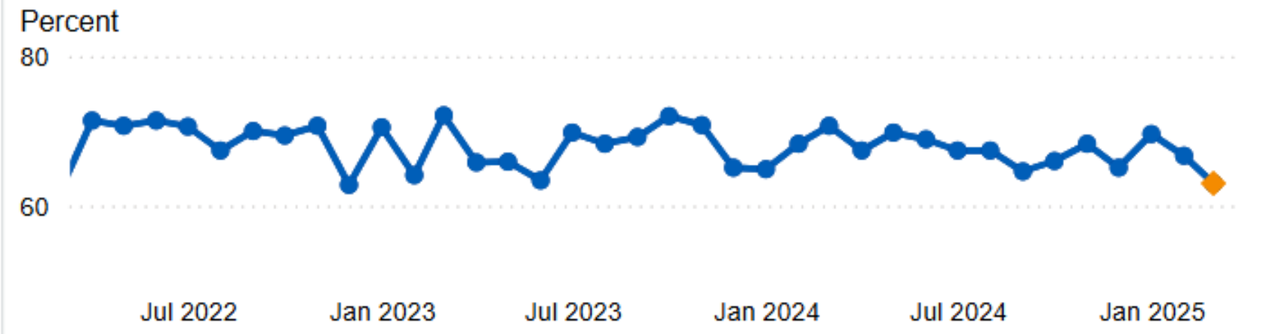
Women who were current smokers at delivery



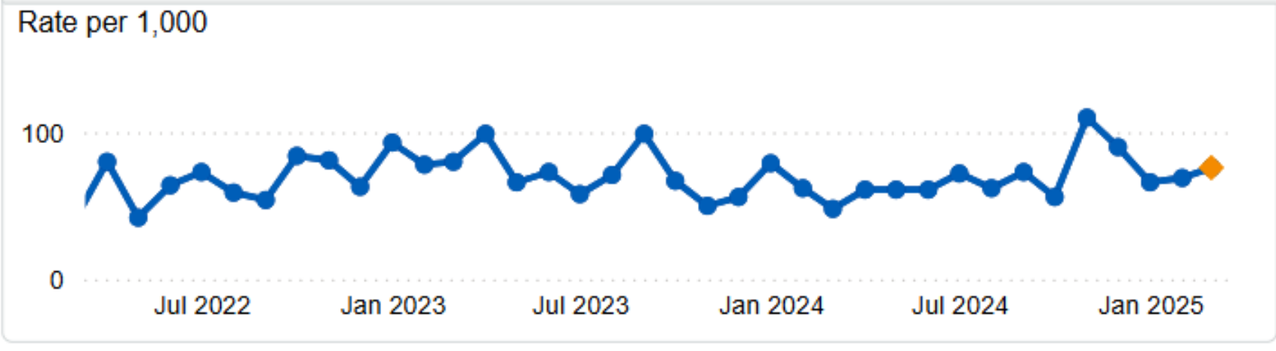
Women who were current smokers at booking appointment



Babies with a first feed of breast milk



Babies who were born preterm



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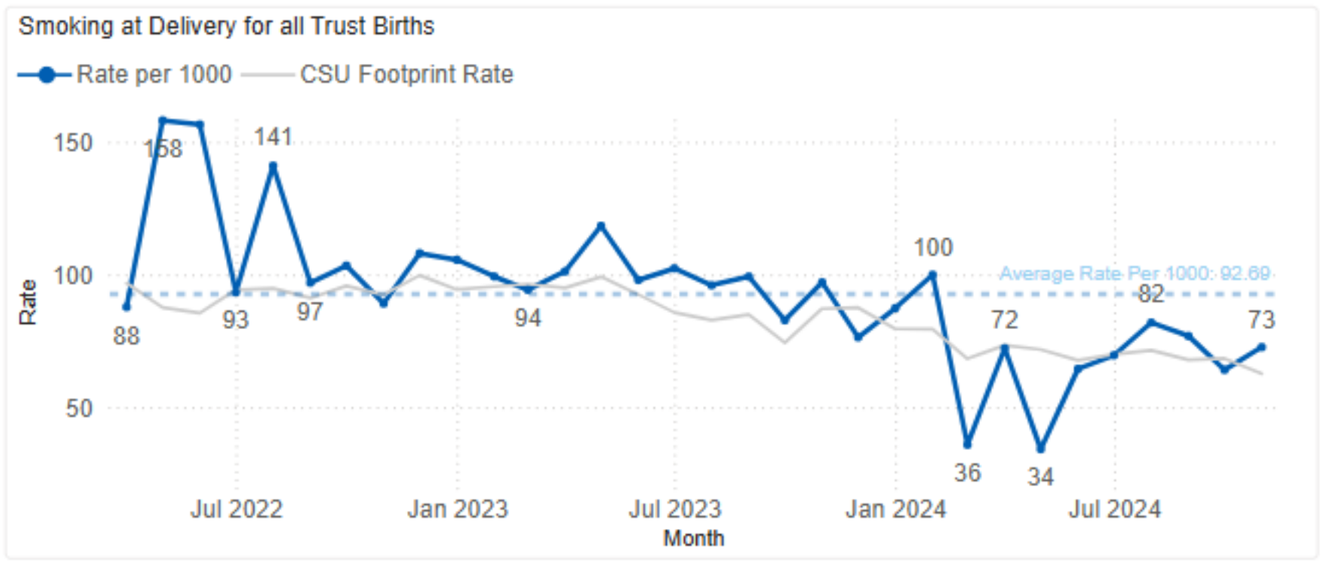
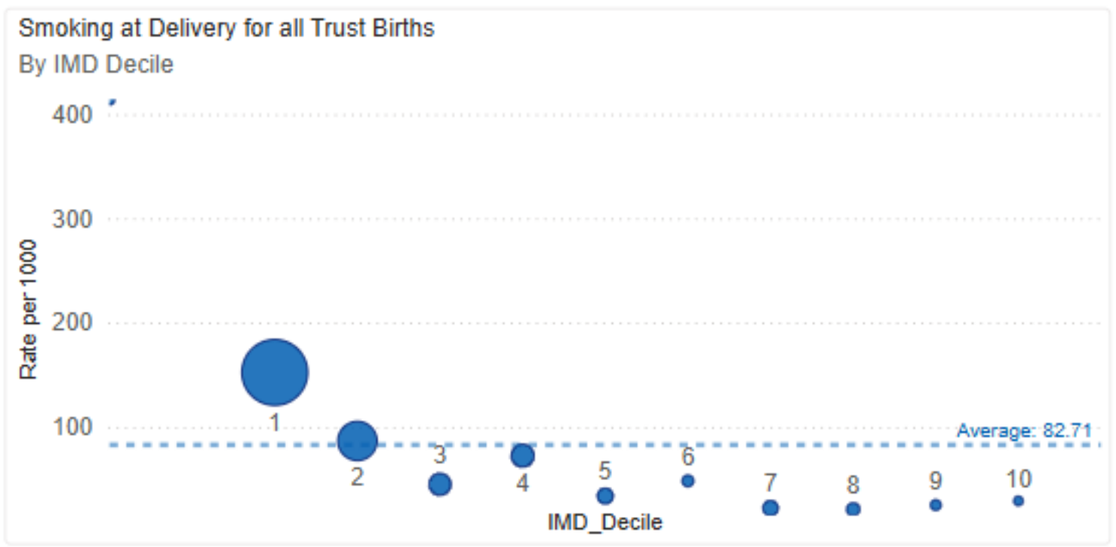
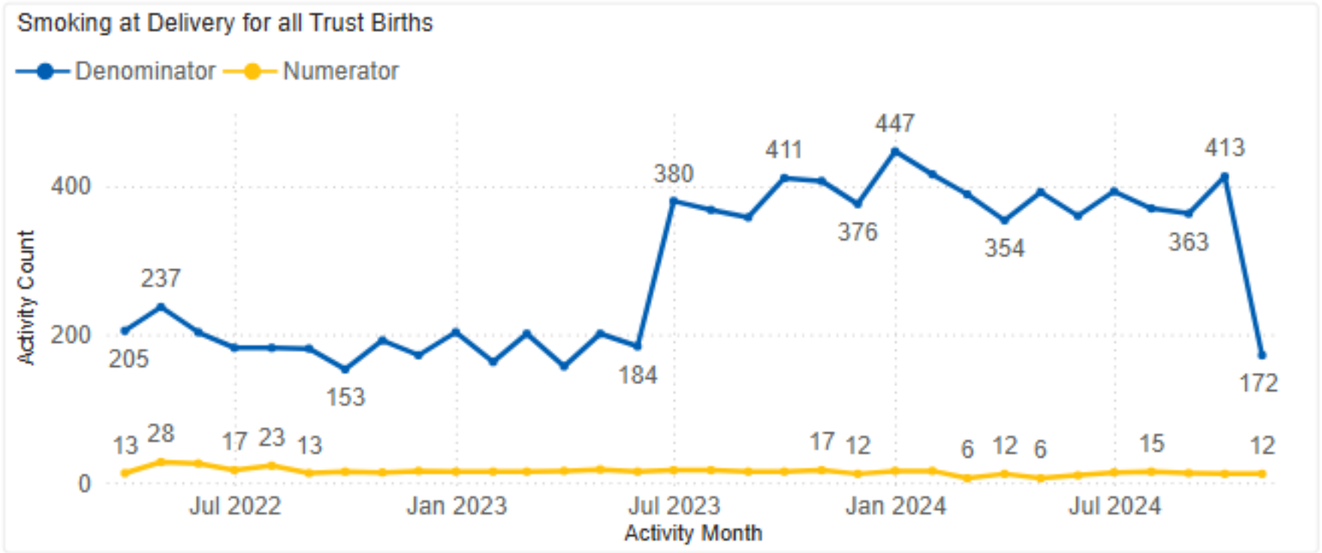
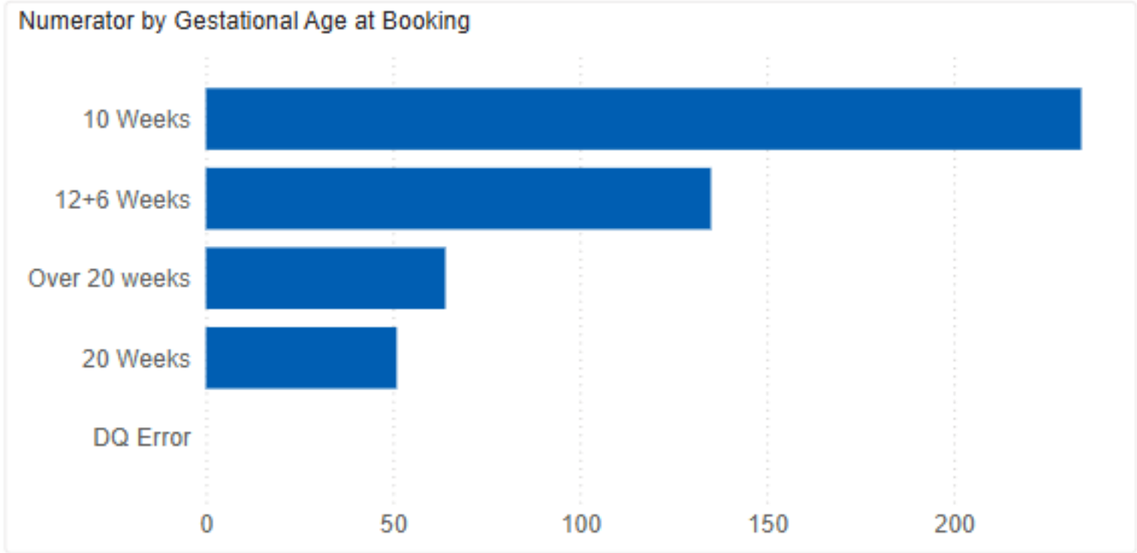
SATOD: Blackburn with Darwen CCG









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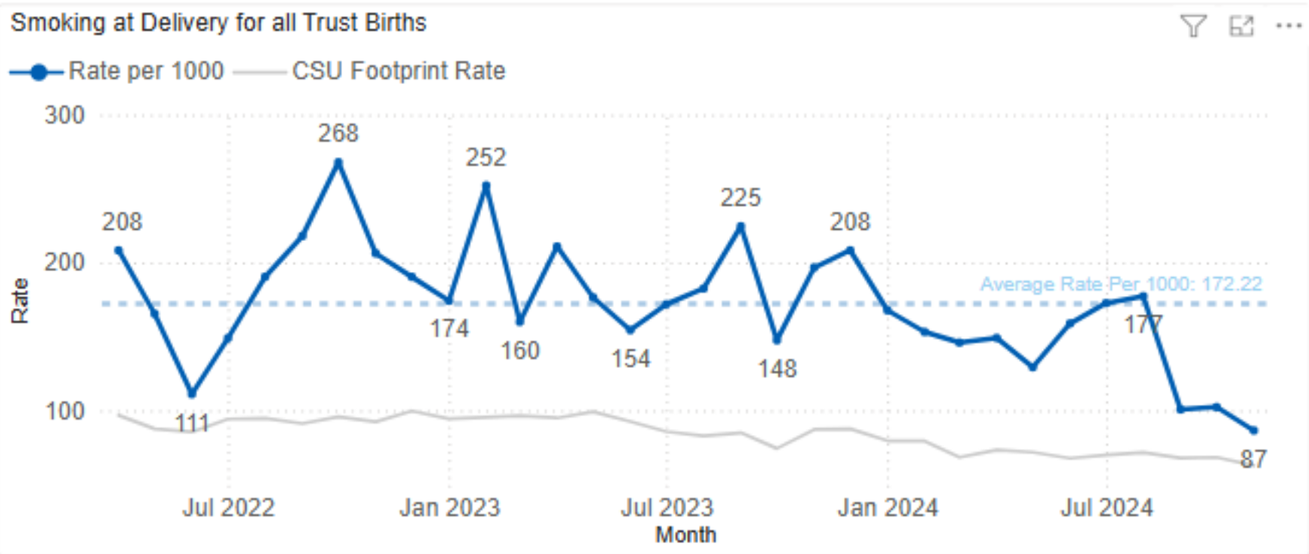
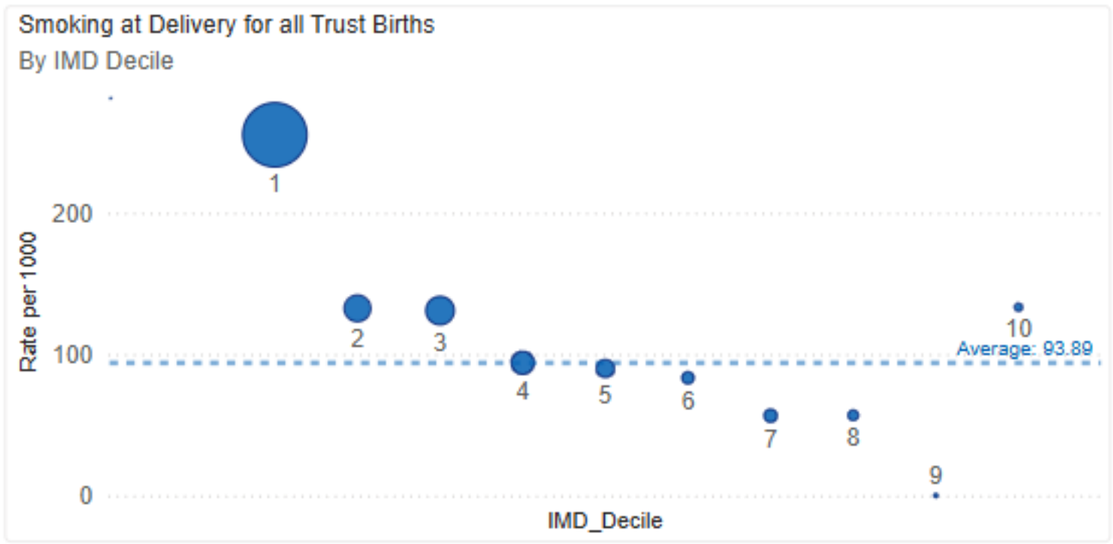
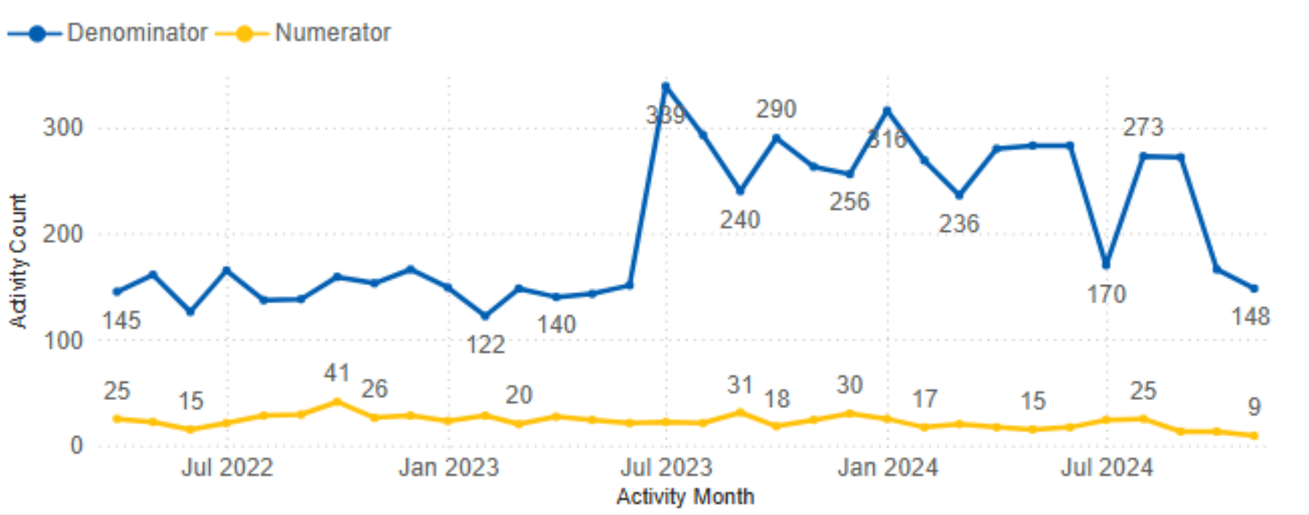
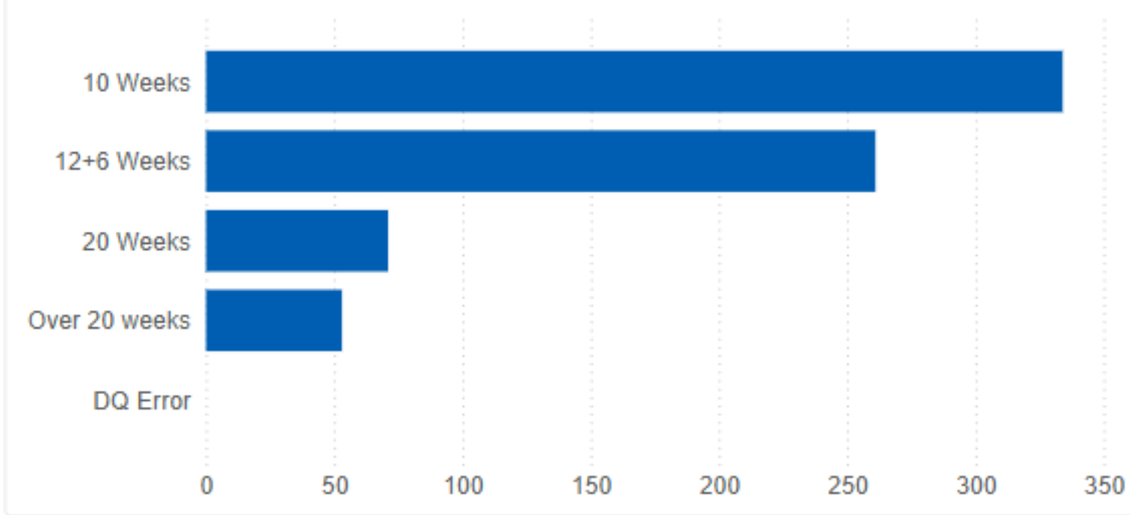
SATOD: Blackpool









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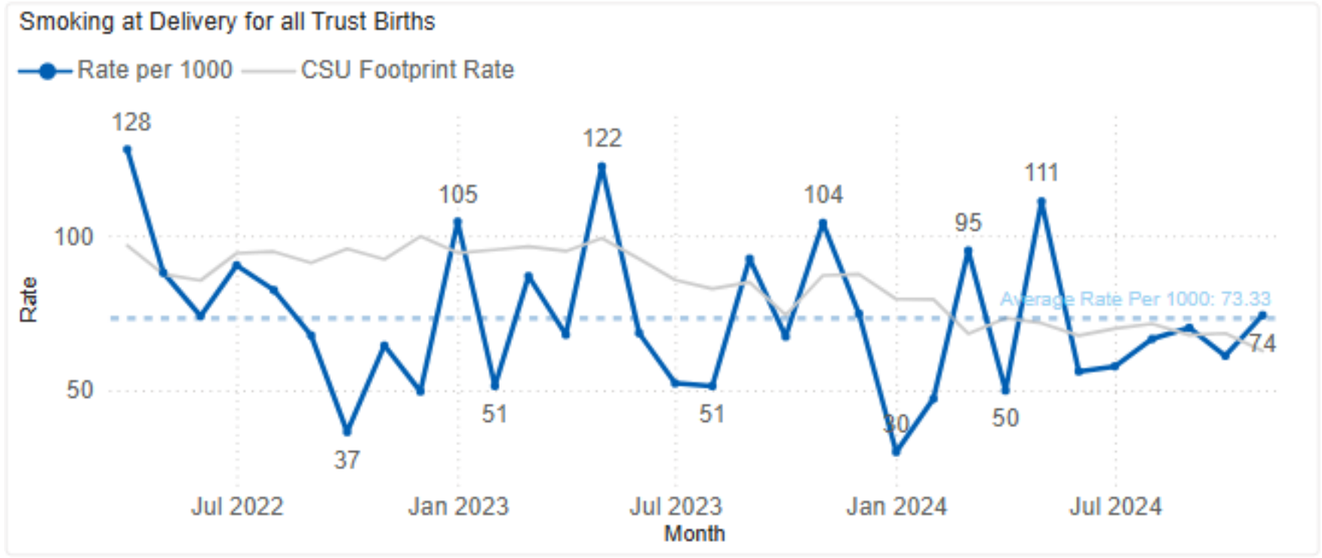
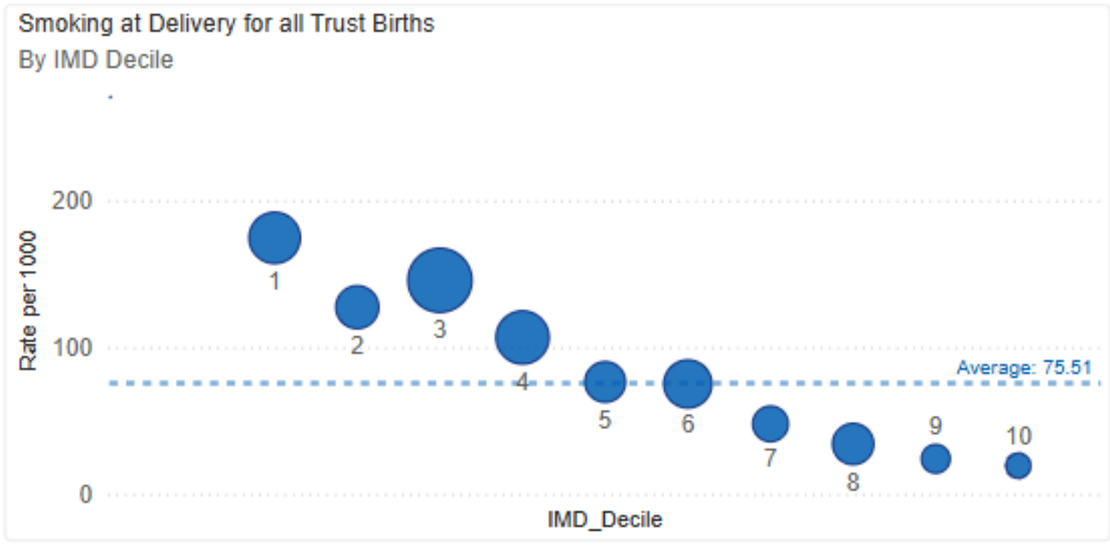
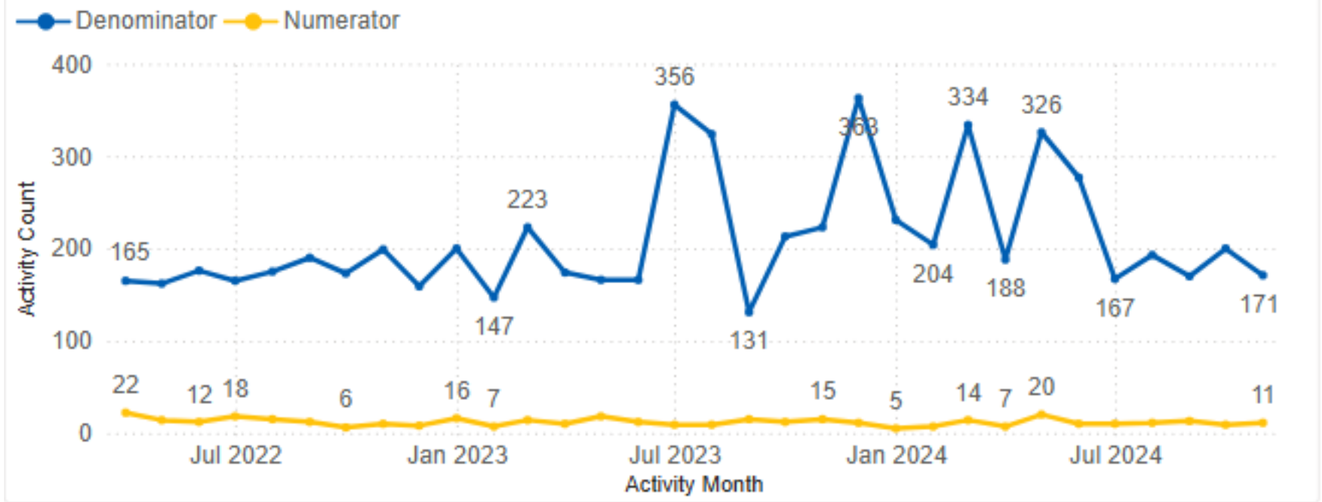
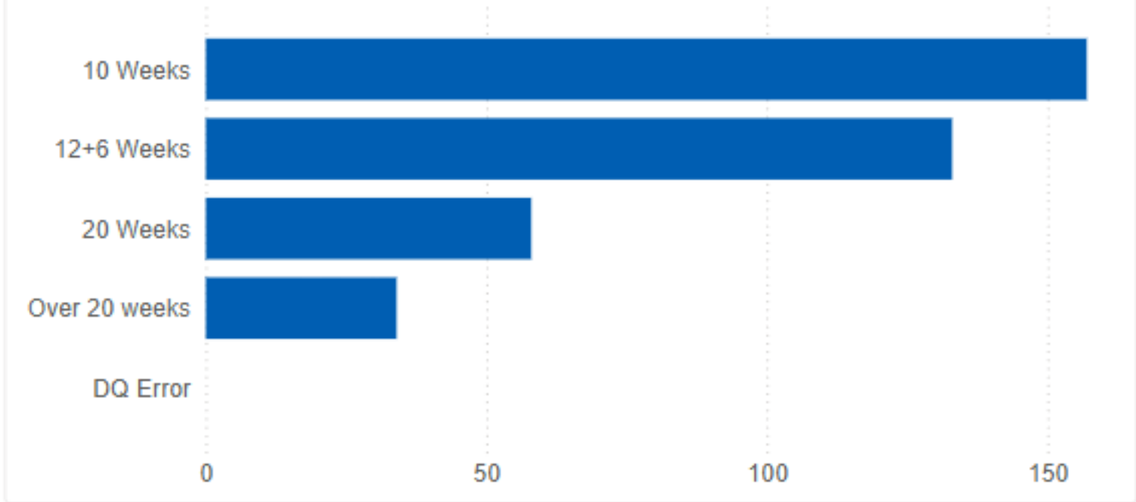
SATOD: Lancs Central Chorley & South Ribble









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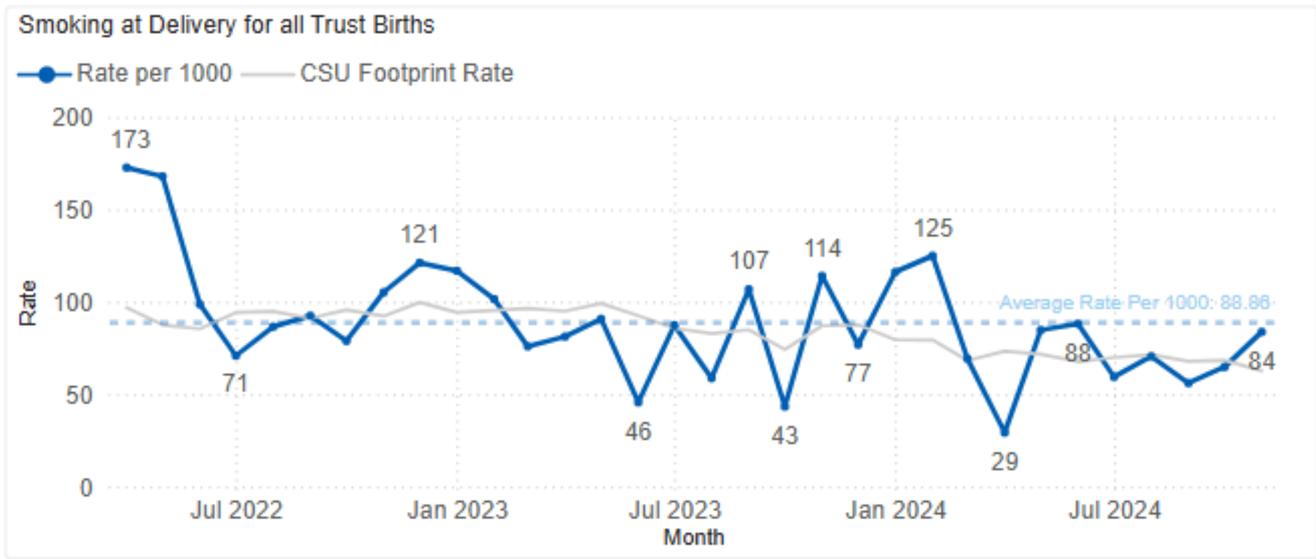
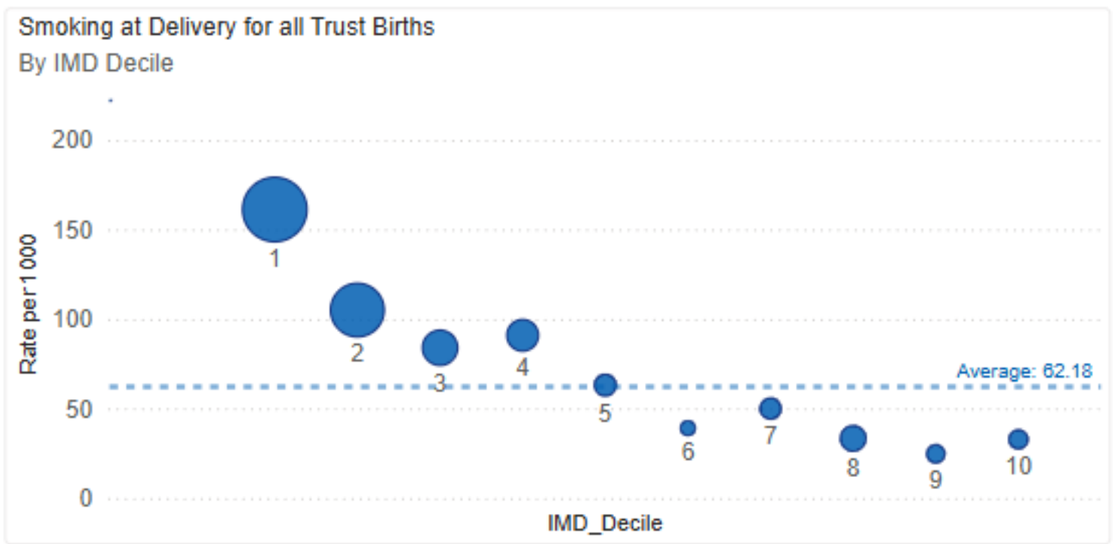
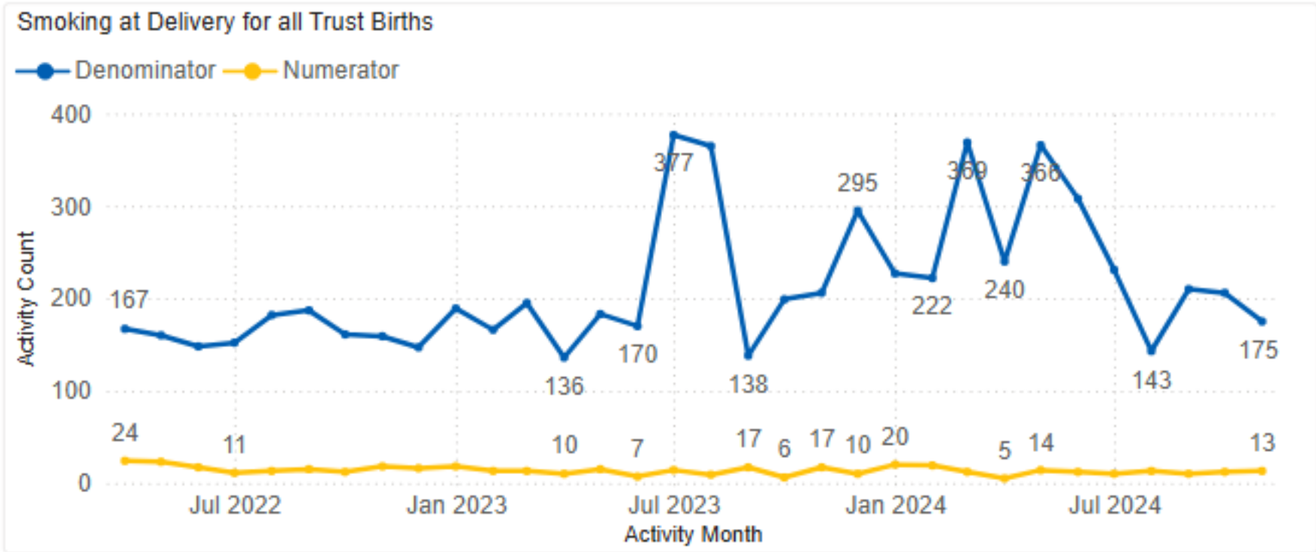
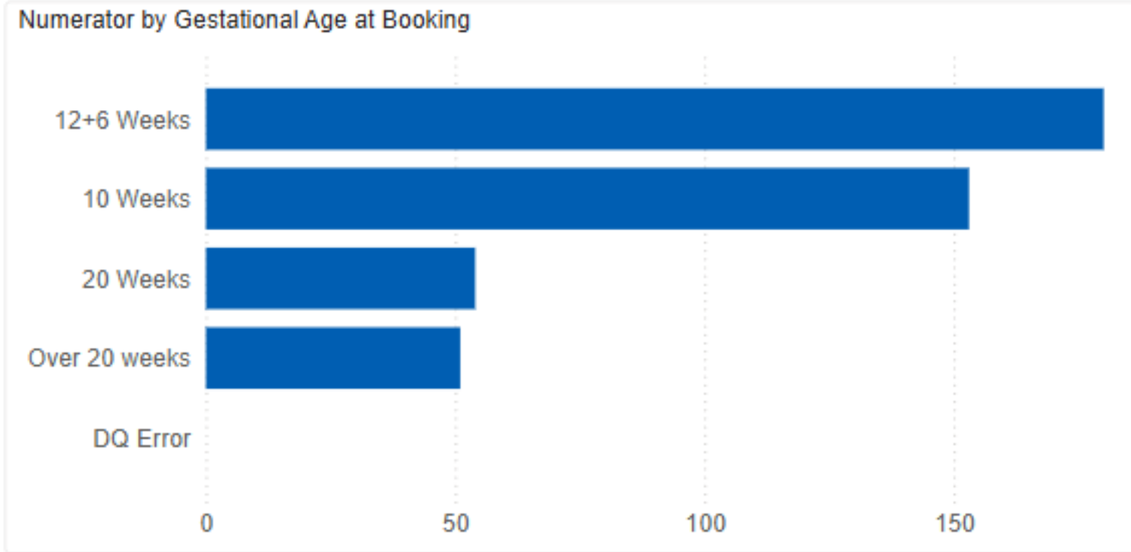
SATOD: Lancs Central Greater Preston









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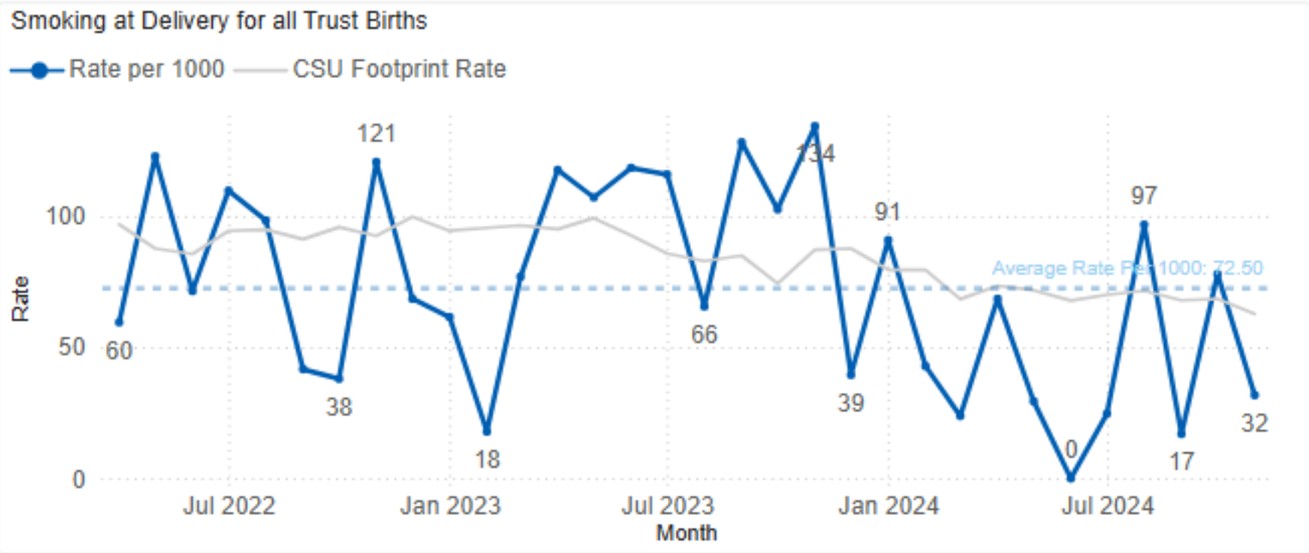
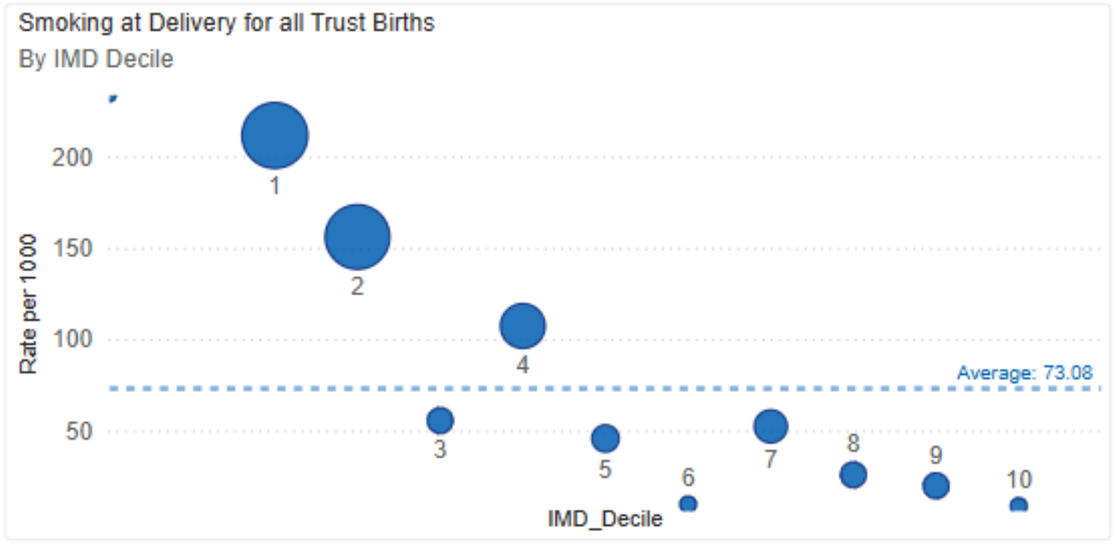
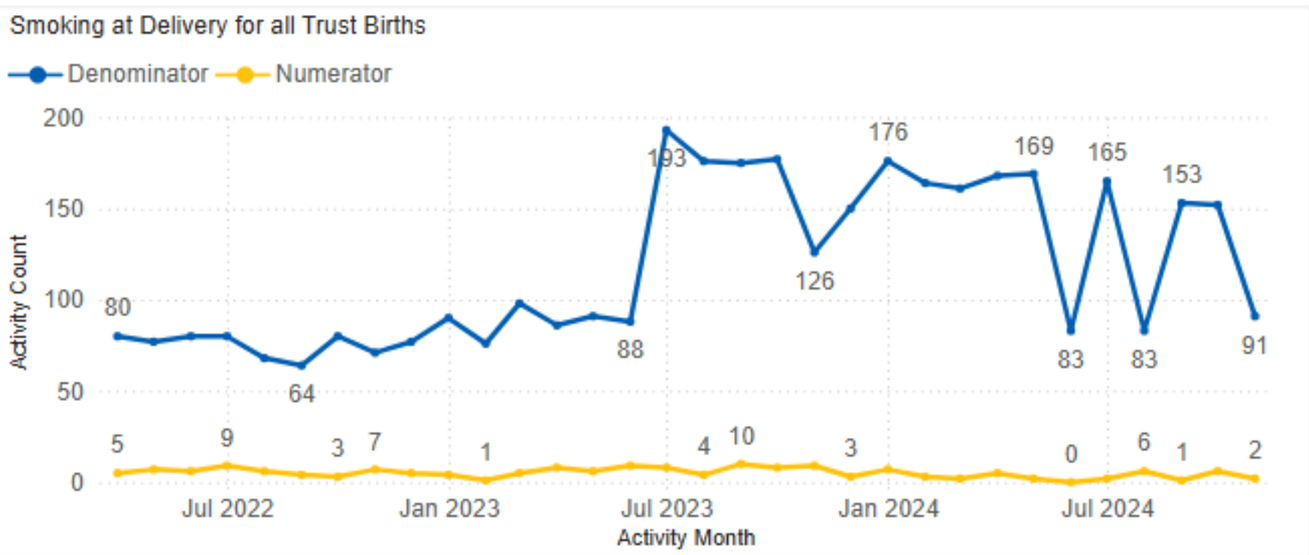
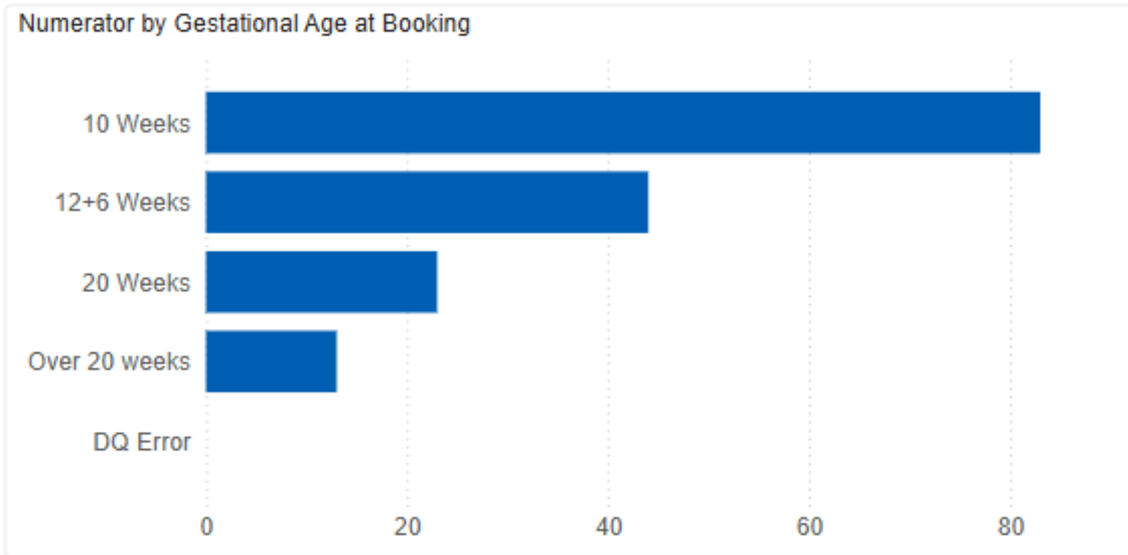
SATOD: West Lancs









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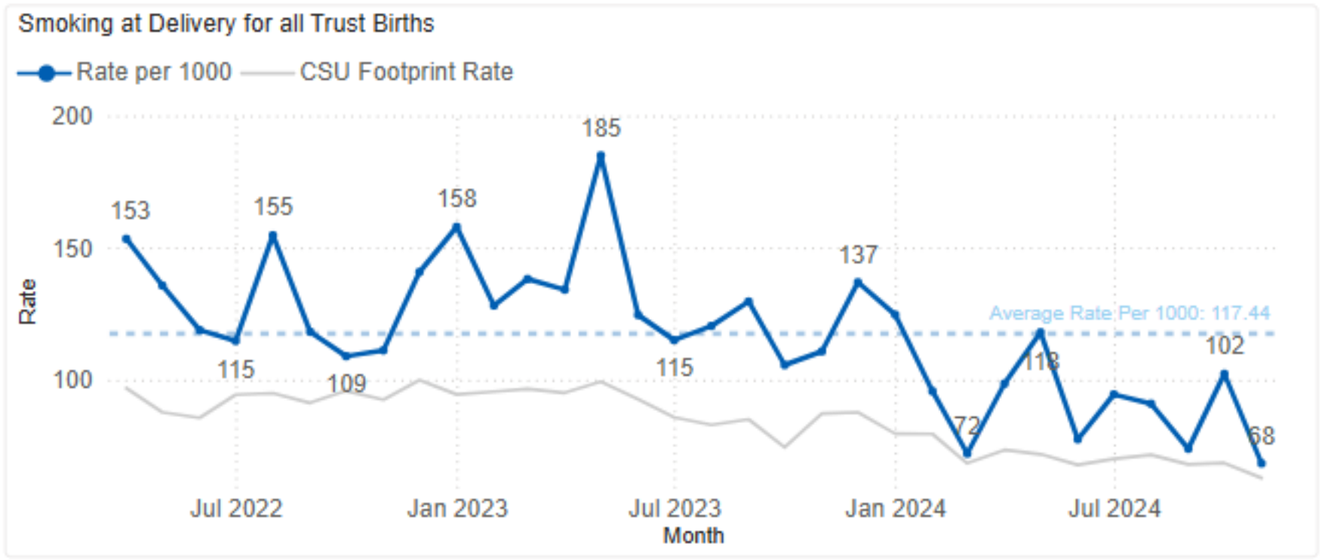
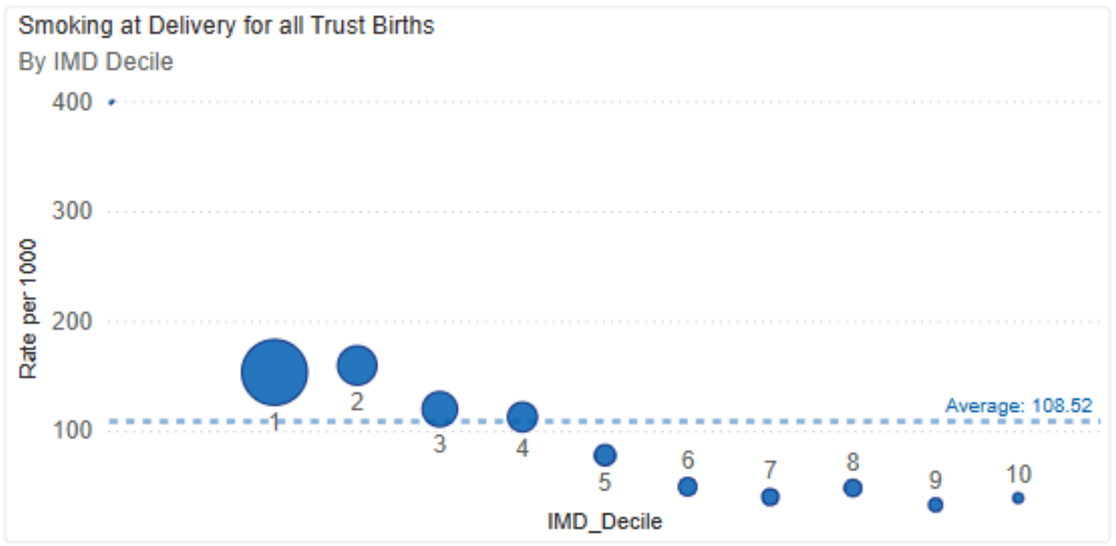
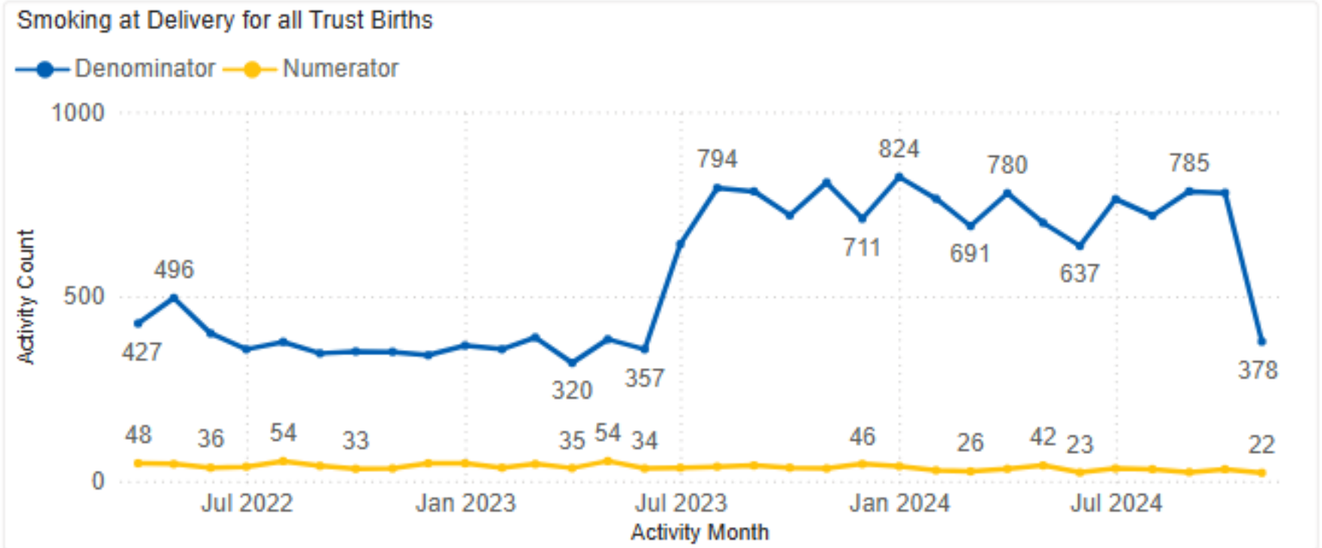
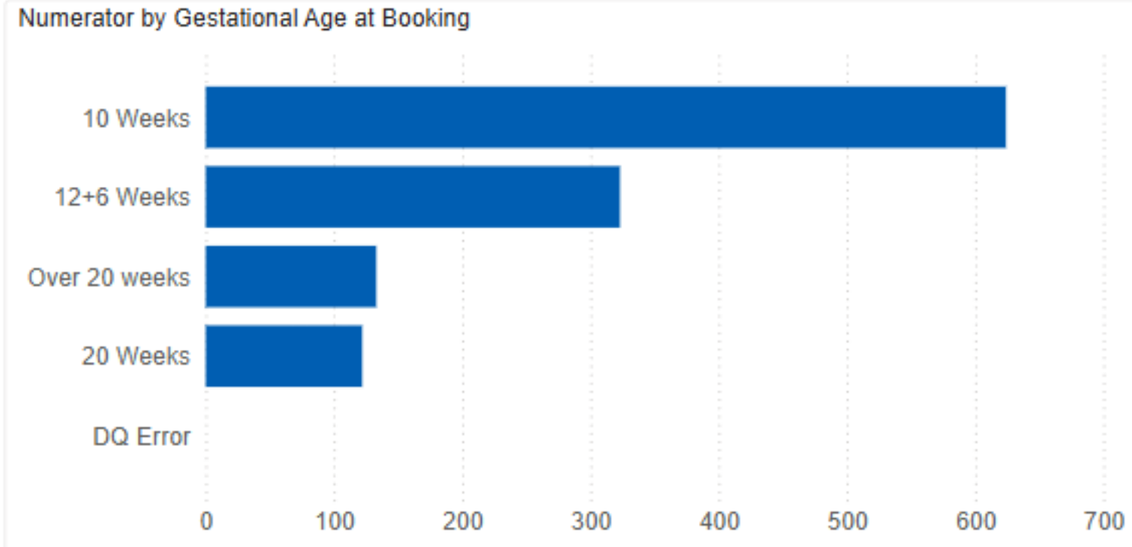
SATOD: East Lancs









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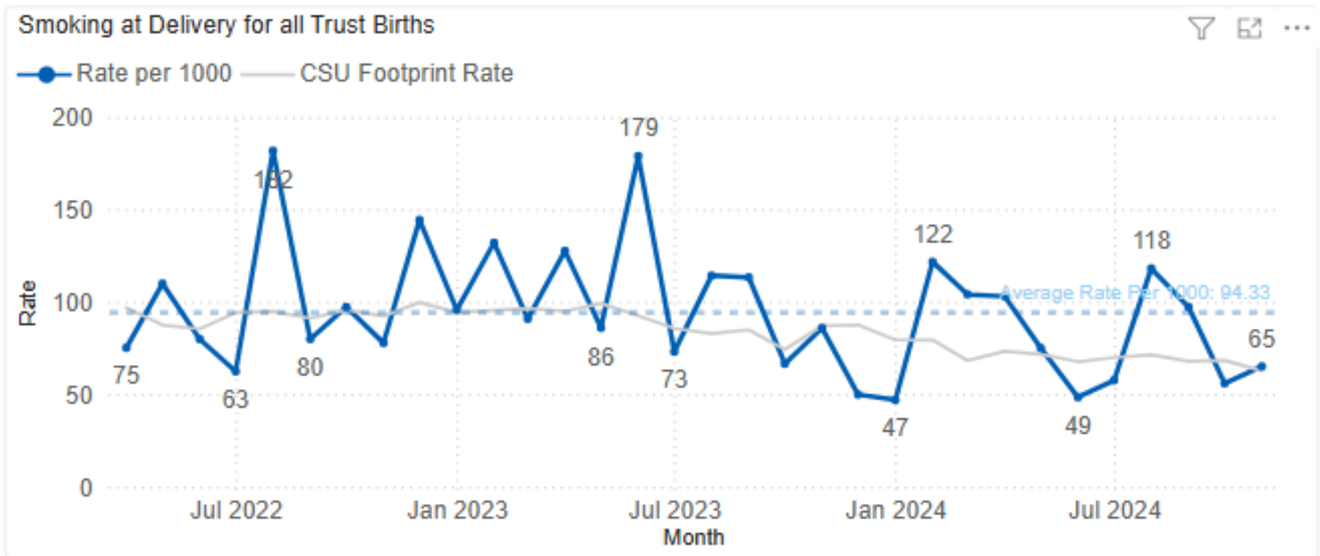
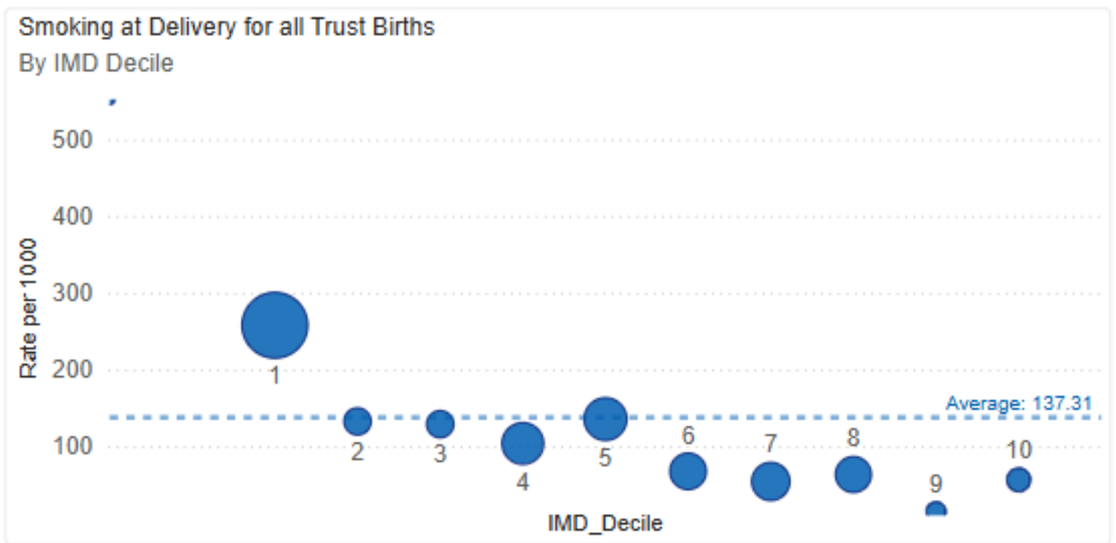
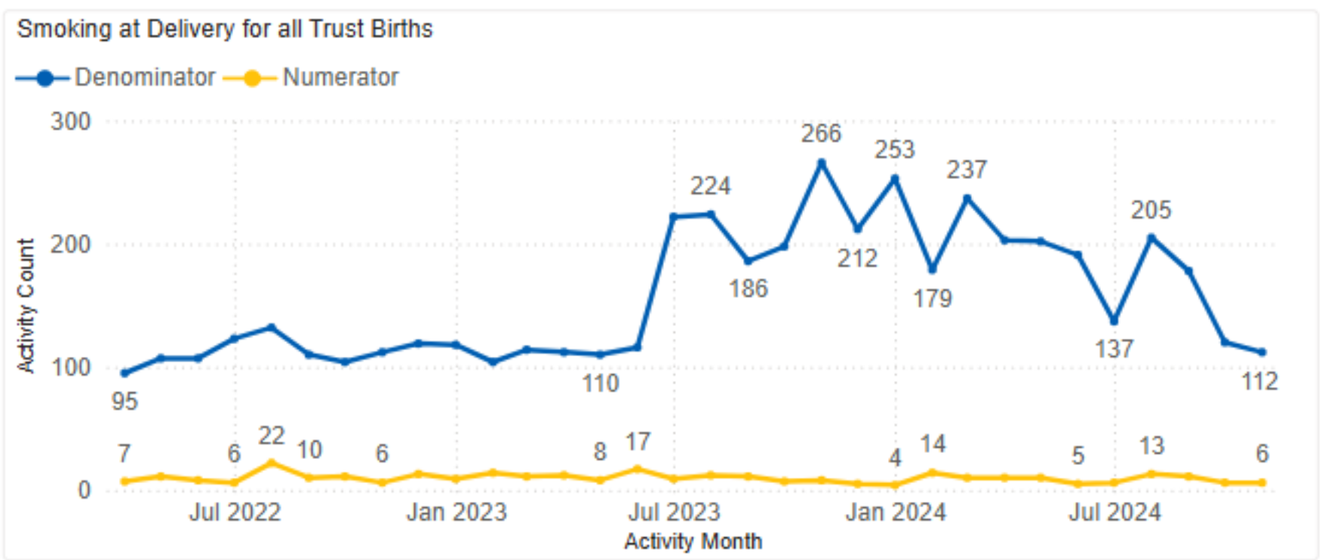
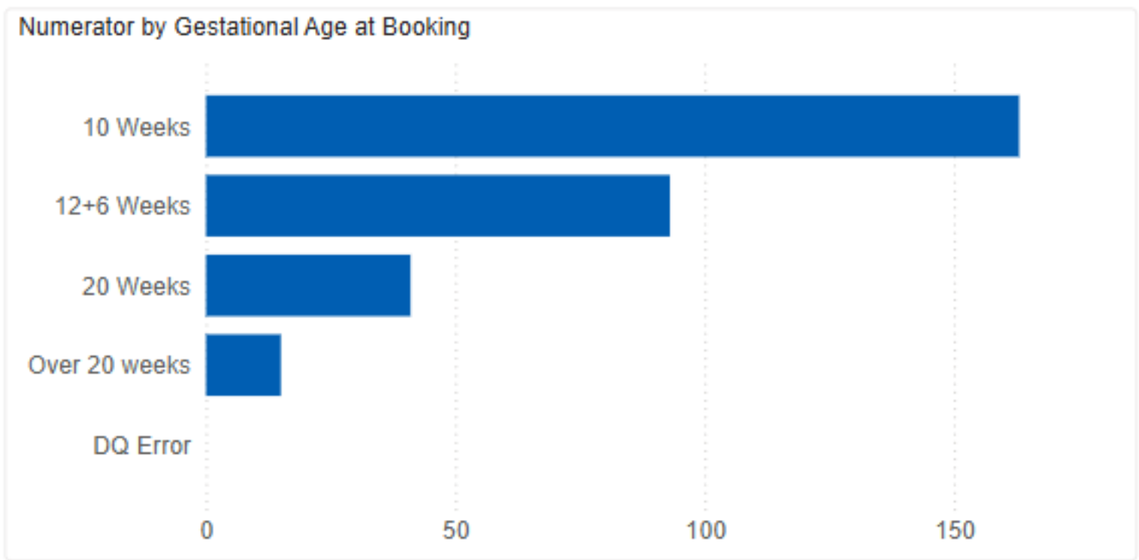
SATOD: Fylde & Wyre









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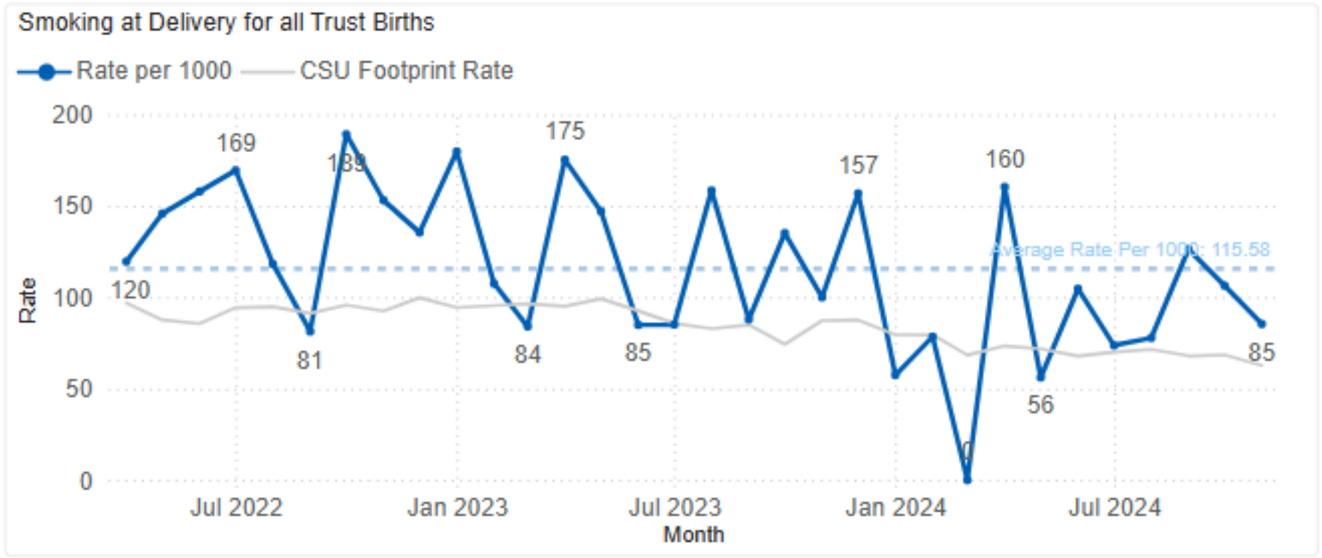
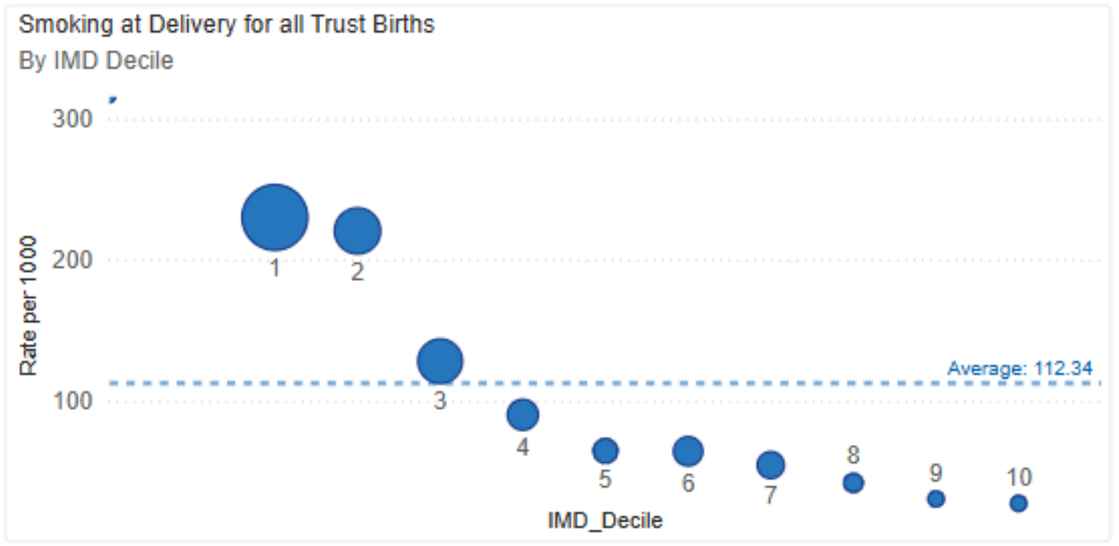
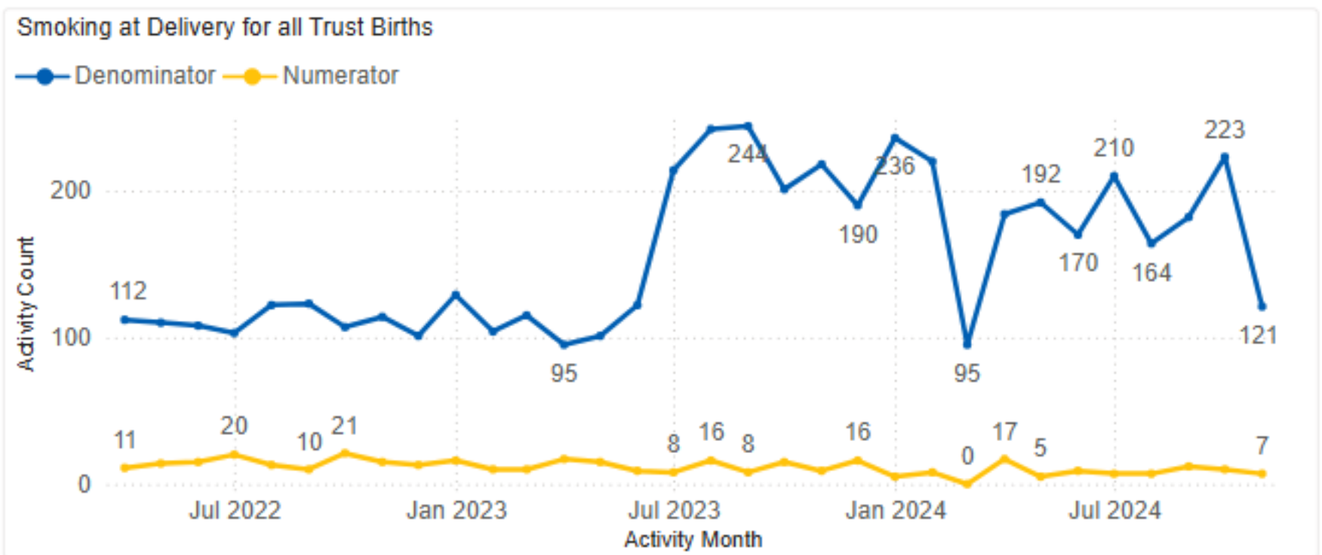
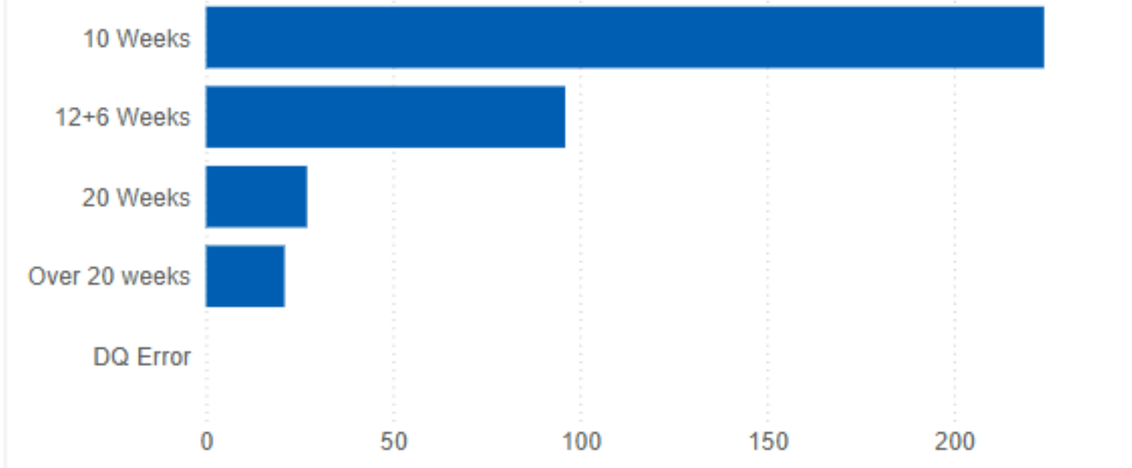
SATOD: Morecambe Bay Lancs North









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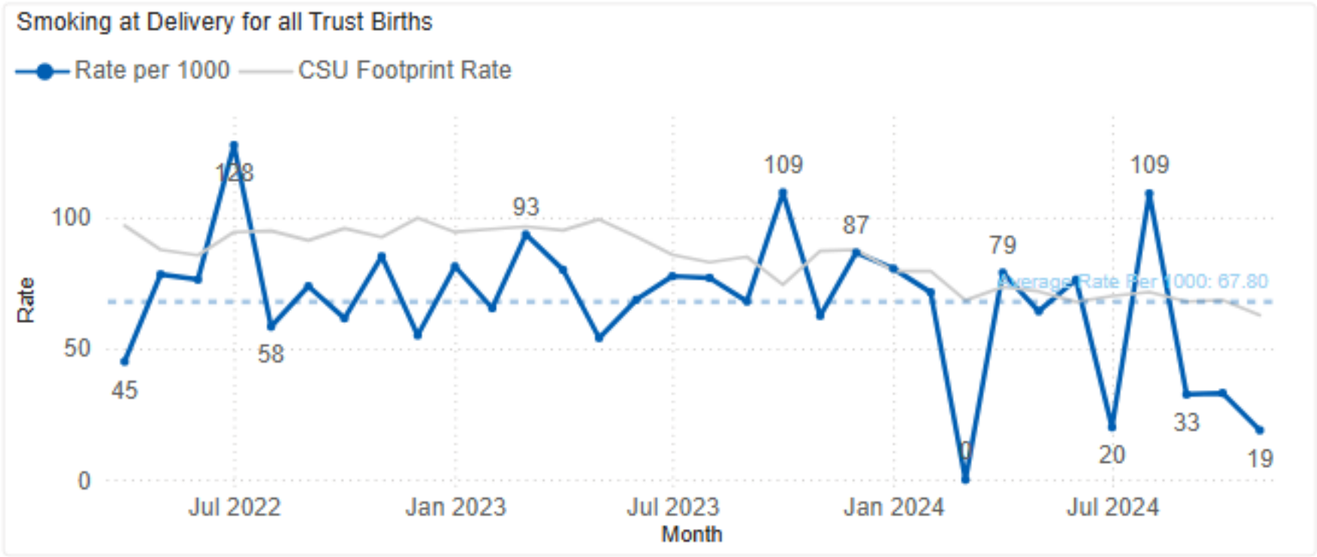
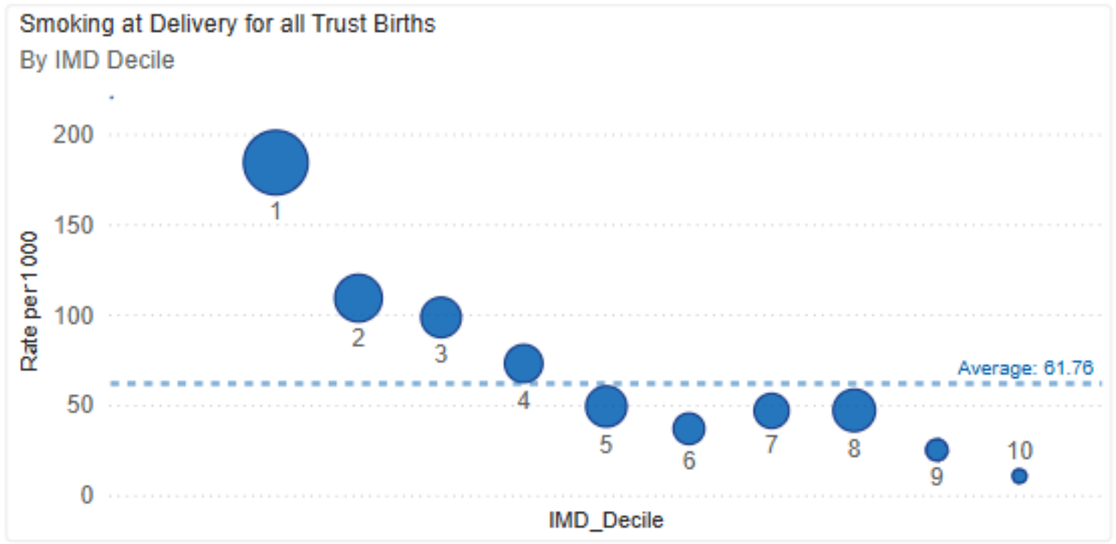
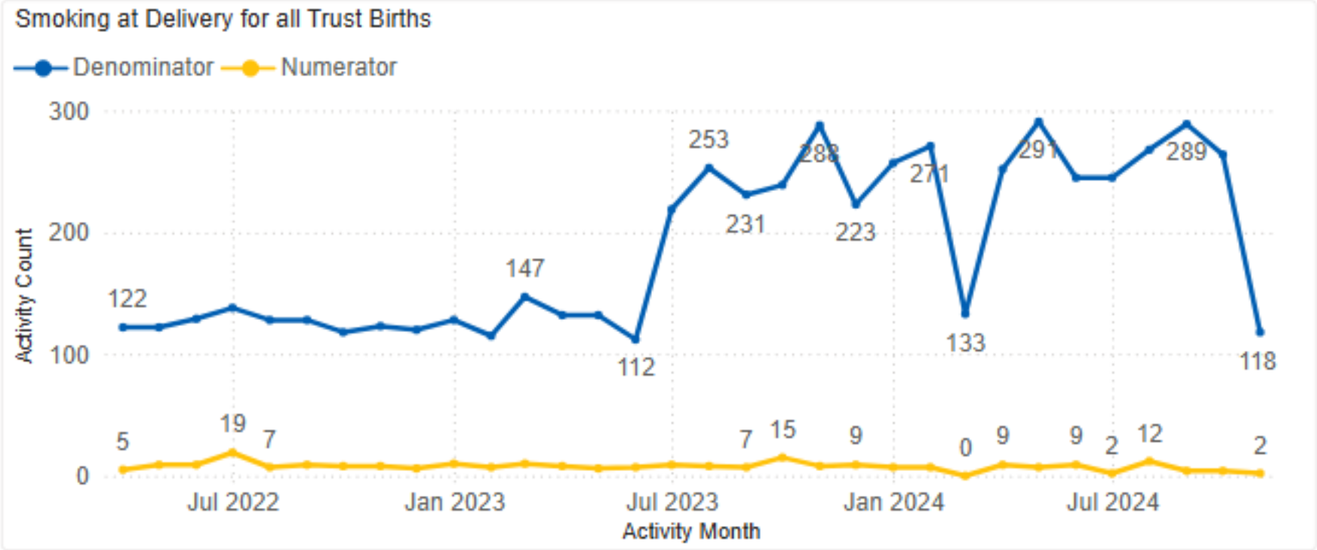
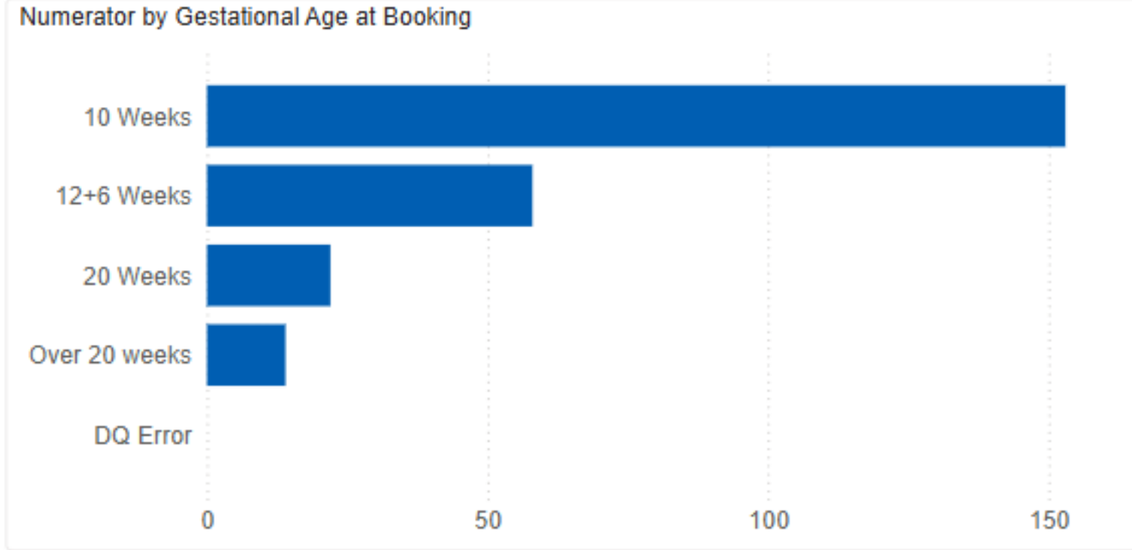
SATOD: Morecambe Bay South Cumbria









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MATERNITY

2021/22	2022/23			
Q3	Q1	Q2	Q2	Q4
Blackpool Teaching Hospitals NHS FT		University Hospitals of Morecambe Bay NHS FT	Southport & Ormskirk NHS Hospital Trust *	Lancashire Teaching Hospitals NHS FT	East Lancashire Hospitals NHS Trust
OCT 21		JUL 22	JULY 23	FEB 24	FEB 24

KEY: Service Fully Est. | Service Started | On Track | Possible Delay

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Progress of Enablers

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L&SC Smoke Free Strategy:

- Published on ICB website.
- Six recommendations relating to maternity services – used to underpin reporting at Smoke Free Pregnancy Network.

Policy, guidelines and SOPs:

- Currently up to date and in place across all Trusts.

Targeted training for TTDAs / Service Leads:

- iPIP mop-up training session scheduled for Q3 24/25.

Data:

- Experimental Tobacco and Alcohol dependency data quality maturity index (DQMI) is published monthly. TTD services start submitting monthly data to NHSE, 2 months after go live (see next slide for start dates for data submission). This data is 3 months retrospective and covers metrics around assessment, prevalence, treatment and outcomes. Dashboard also filters metrics to health inequalities such as age, gender, ethnicity and Indices of multiple deprivation. Risk that no Trust in our system is currently meeting validation on all indicators: Task and Finish Group to be established Q4 24/25 to resolve.
- Through the ICB TTD Digital Community of Practice, an ICB TTD Dashboard is being tested that links data from the national dashboard with the latest fingertips public health data collection and includes relevant NHS activity and patient outcome data. The aim is to demonstrate the impact of these services, linking into return on investment data to demonstrate the impact that services are having predict what services could achieve by meeting agreed targets.

CO Monitors:

- Additional funding secured for each Trust, will be included in MOU December 2024, requires Trust to purchase.

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National Treating Tobacco Dependence Services Dashboard – Expected First Data Submission Dates

Maternity

BLACKPOOL TEACHING HOSPITALS NHS FT

LIVE

UNIVERSITY HOSPITALS MORECAMBE BAY NHS FT

LIVE

LANCASHIRE TEACHING HOSPITALS NHS FT

LIVE

EAST LANCASHIRE HOSPITALS NHS TRUST

LIVE

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National Treating Tobacco Dependence Services Dashboard - Maternity (Quarter 2 23/24 ICB Level Data)

		Q1 Value	Q2 Value	From previous Quarter	Numerator	Denominator	National Value
Assessment	A.001.010: % of activity where a patient's smoking status is recorded	42.61%	26.26%	⇩	675	2,570	40.61%
Prevalence	P.020.001: % of patients with a recorded smoking status where the patient is recorded as a smoker	16.44%	36.3%	⇧	245	675	3.83%
Treatment	T.030.020: % of smokers who are identified in the care setting that are referred to an in-house tobacco dependence treatment service	67.57%	65.31%	⇩	160	245	40.71%
	T.032.030: % of smokers referred to an in-house tobacco dependence treatment service that are seen by the service	32%	56.25%	⇧	90	160	60.00%
	T.046.020: % of smokers who are identified in the care setting that are provided with the recommended NHS care plan	13.51%	4.08%	⇩	10	245	5.64%
	O.274.060: % of smokers provided with supported care plans that are recorded as having quit smoking	33.33%	0%	⇩	0	10	6.45%
	O.284.061: % of smokers provided with care plans to support a quit attempt that are recorded as having quit smoking	40%	0%	⇩	0	10	6.90%
Outcomes	O.330.023: % of pregnant women identified as smokers at antenatal booking who are identified as non-smokers at 36 weeks	16.22%	6.12%	⇩	15	245	29.44%
	O.332.023: % of pregnant women identified as smokers at antenatal booking who are identified as non-smokers at delivery	27.03%	40.82%	⇧	100	245	34.45%

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NHS North East & North Cumbria ICB

		Value	Numerator	Denominator	National Value
Assessment	A.001.010: % of activity where a patient's smoking status is recorded	67.9%	6,070	8,940	40.61%
Prevalence	P.020.001: % of patients with a recorded smoking status where the patient is recorded as a smoker	2.8%	170	6,070	3.83%
Treatment	T.030.020: % of smokers who are identified in the care setting that are referred to an in-house tobacco dependence treatment service	85.29%	145	170	40.71%
	T.032.030: % of smokers referred to an in-house tobacco dependence treatment service that are seen by the service	24.14%	35	145	60.00%
	T.046.020: % of smokers who are identified in the care setting that are provided with the recommended NHS care plan	2.94%	5	170	5.64%
Outcomes	O.274.060: % of smokers provided with supported care plans that are recorded as having quit smoking	0%	0	15	6.45%
	O.284.061: % of smokers provided with care plans to support a quit attempt that are recorded as having quit smoking	0%	0	5	6.90%
	O.330.023: % of pregnant women identified as smokers at antenatal booking who are identified as non-smokers at 36 weeks	2.94%	5	170	29.44%
	O.332.023: % of pregnant women identified as smokers at antenatal booking who are identified as non-smokers at delivery	0%	0	170	34.45%

Issues with Badgernet identified in other ICBs

NHS Birmingham & Solihull ICB

		Value	Numerator	Denominator	National Value
Assessment	A.001.010: % of activity where a patient's smoking status is recorded	6.35%	350	5,510	40.61%
Prevalence	P.020.001: % of patients with a recorded smoking status where the patient is recorded as a smoker	64.29%	225	350	3.83%
Treatment	T.030.020: % of smokers who are identified in the care setting that are referred to an in-house tobacco dependence treatment service	88.89%	200	225	40.71%
	T.032.030: % of smokers referred to an in-house tobacco dependence treatment service that are seen by the service	67.5%	135	200	60.00%
	T.046.020: % of smokers who are identified in the care setting that are provided with the recommended NHS care plan	0%	0	225	5.64%
Outcomes	O.274.060: % of smokers provided with supported care plans that are recorded as having quit smoking	%	0	0	6.45%
	O.284.061: % of smokers provided with care plans to support a quit attempt that are recorded as having quit smoking	%	0	0	6.90%
	O.330.023: % of pregnant women identified as smokers at antenatal booking who are identified as non-smokers at 36 weeks	26.67%	60	225	29.44%
	O.332.023: % of pregnant women identified as smokers at antenatal booking who are identified as non-smokers at delivery	42.22%	95	225	34.45%

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Priority 4c, Intervention 3: Infant Feeding Programme

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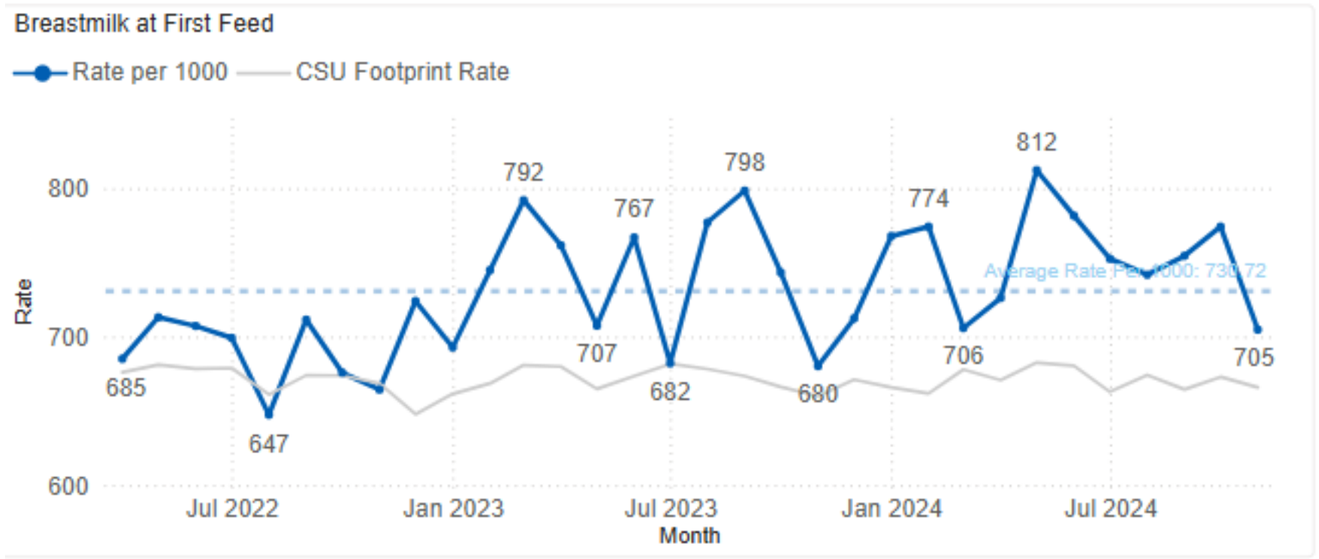
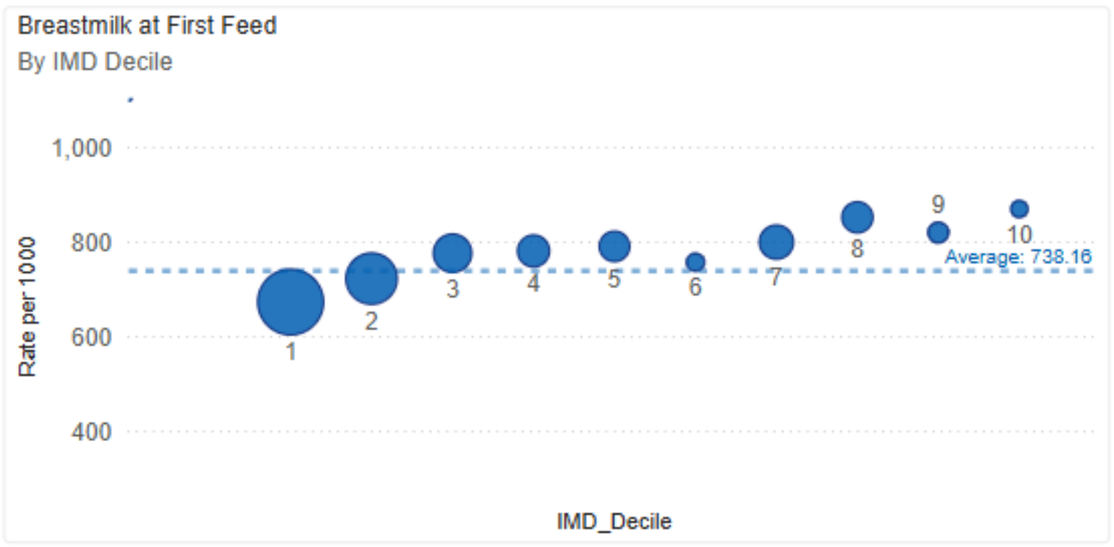
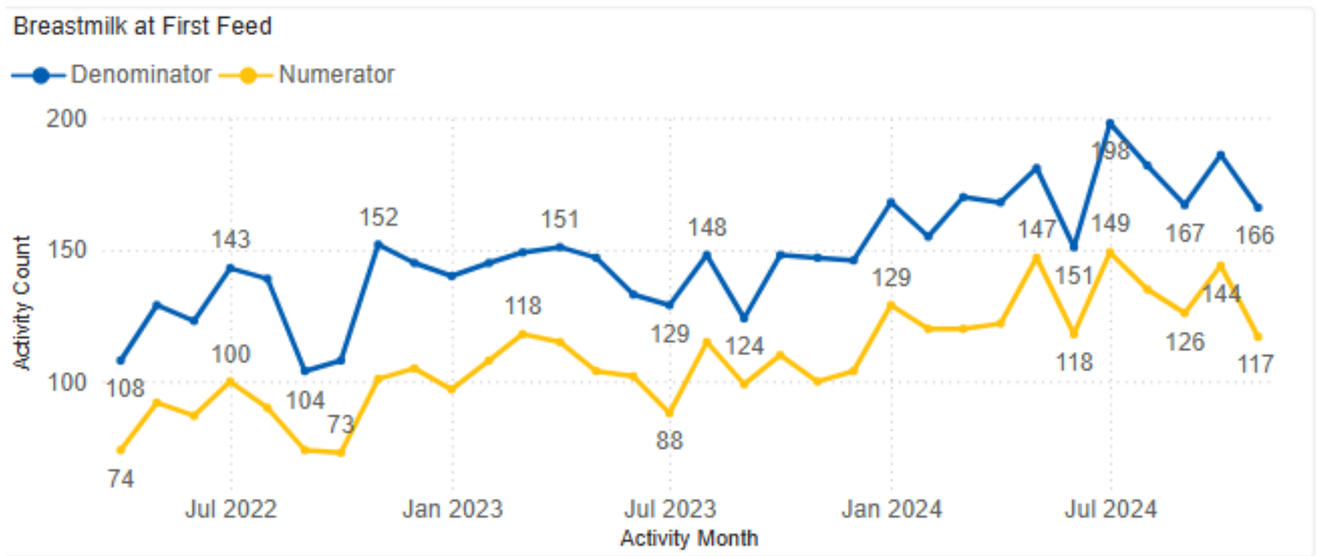
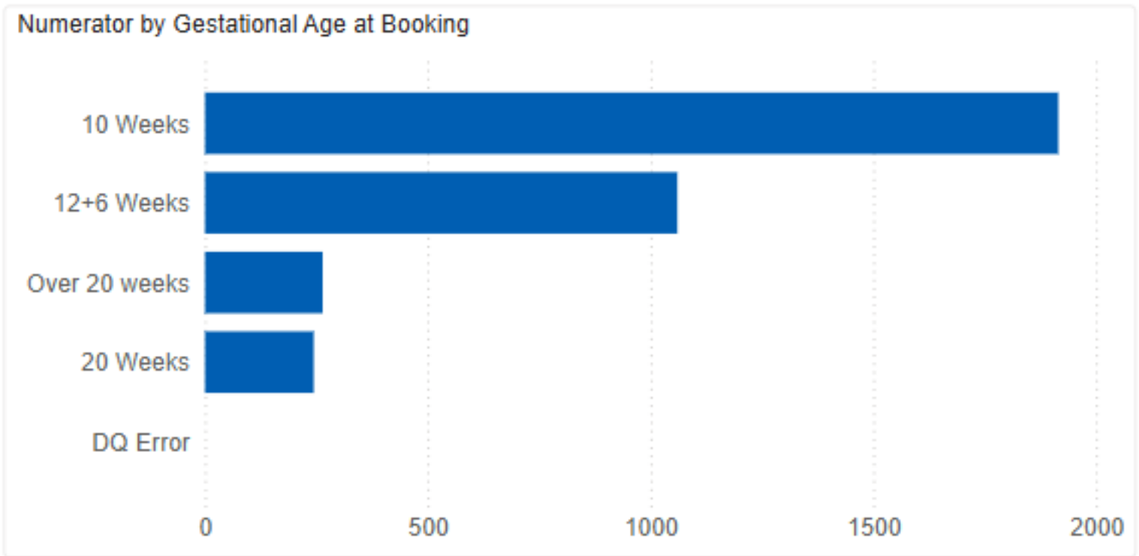
Breastfeeding at first feed: Blackburn with Darwen









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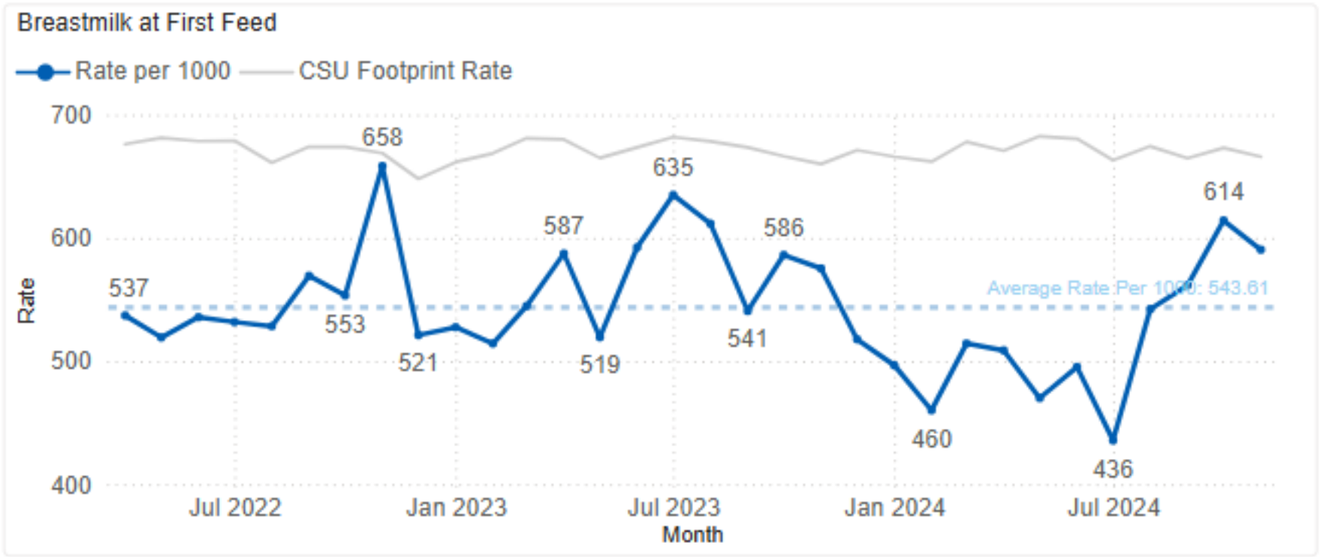
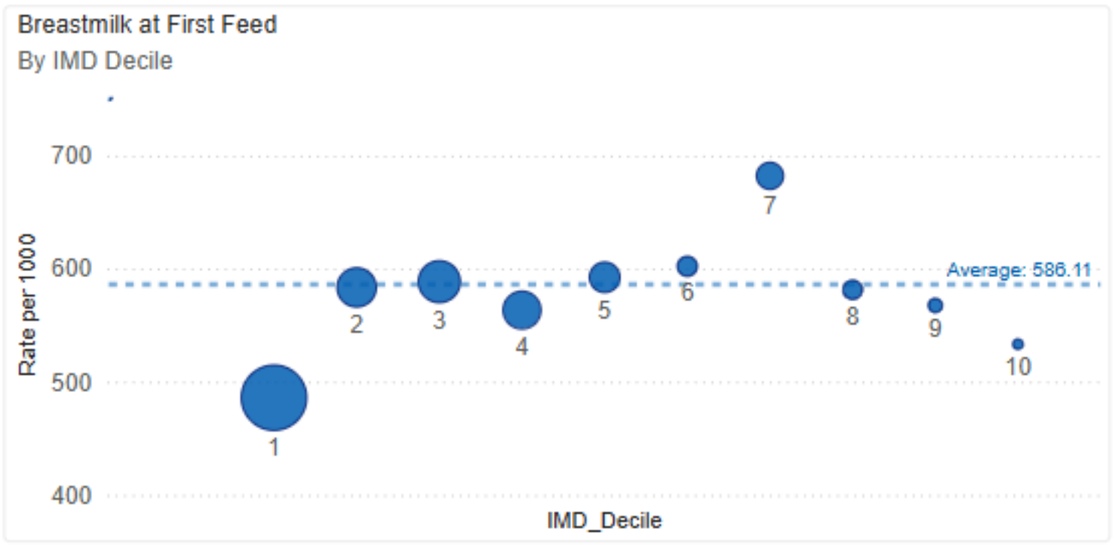
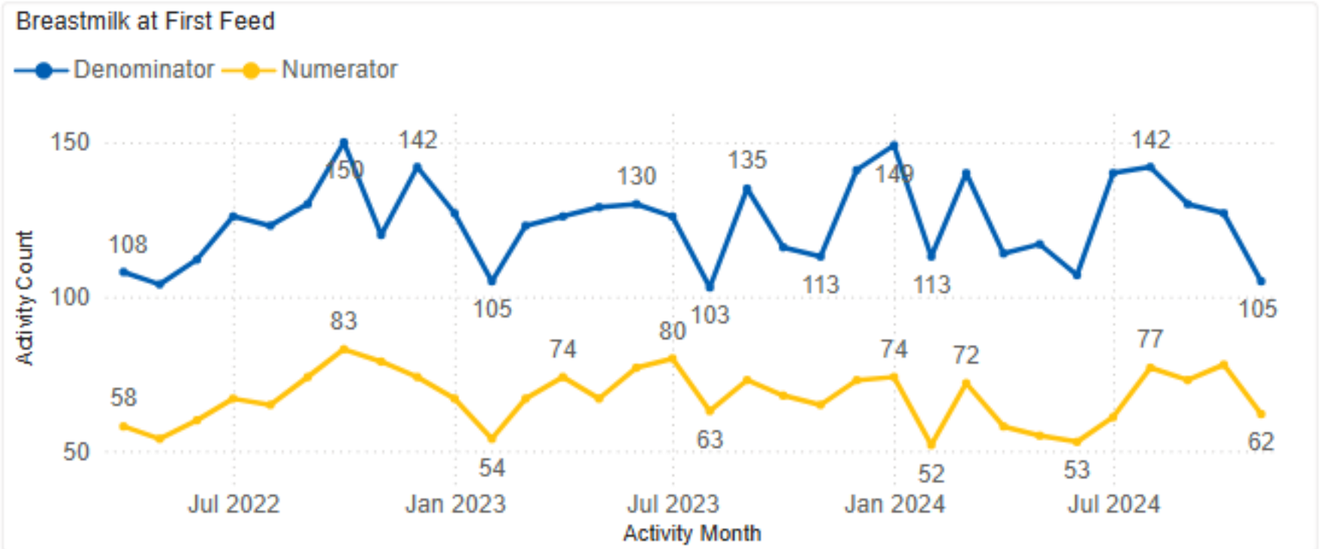
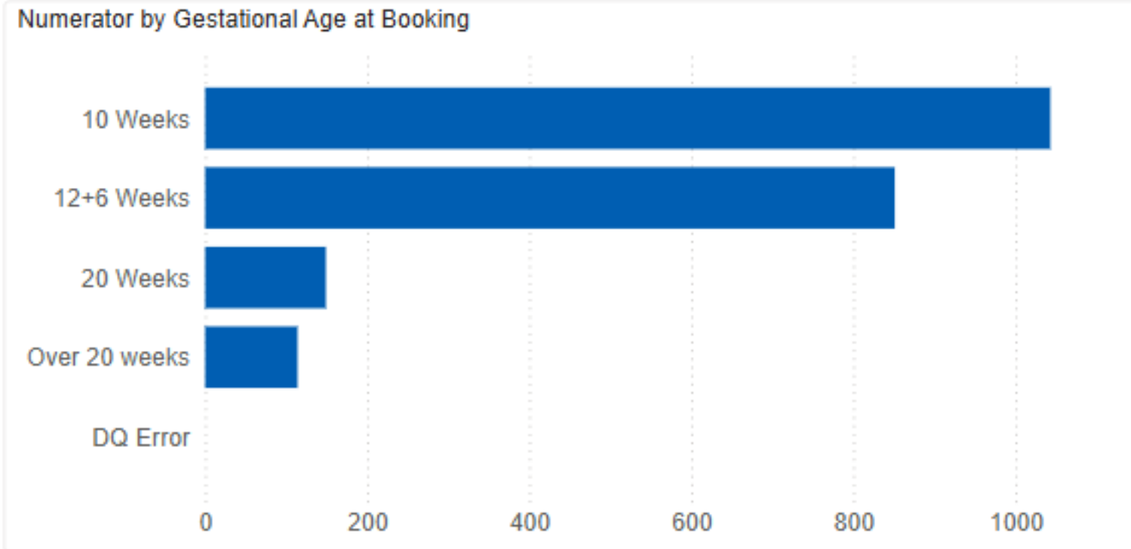
Breastfeeding at first feed: Blackpool









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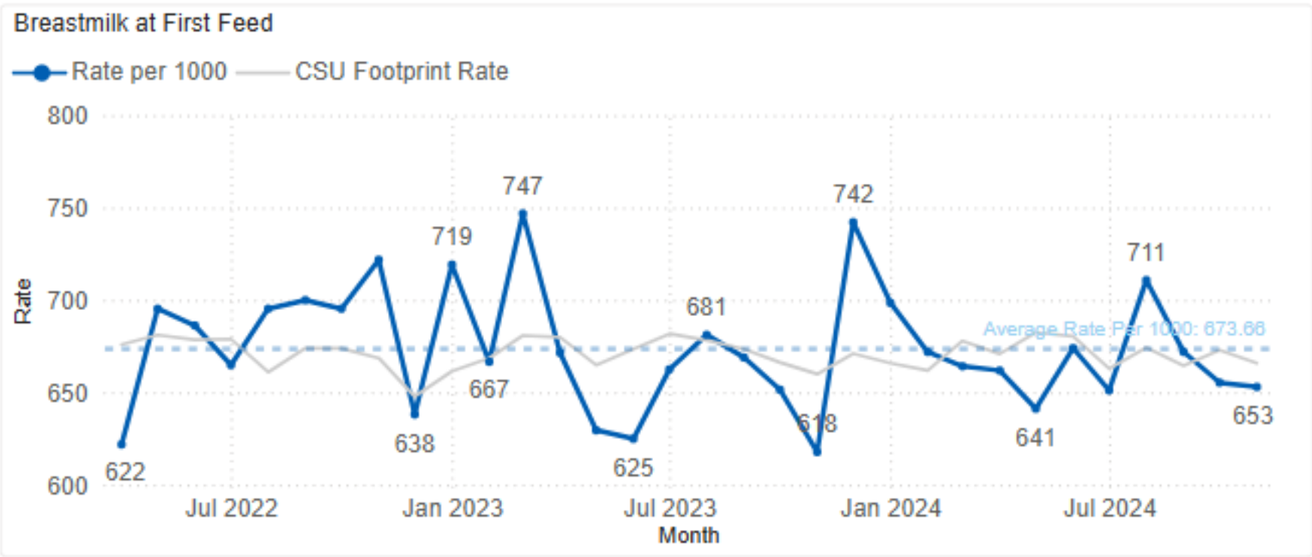
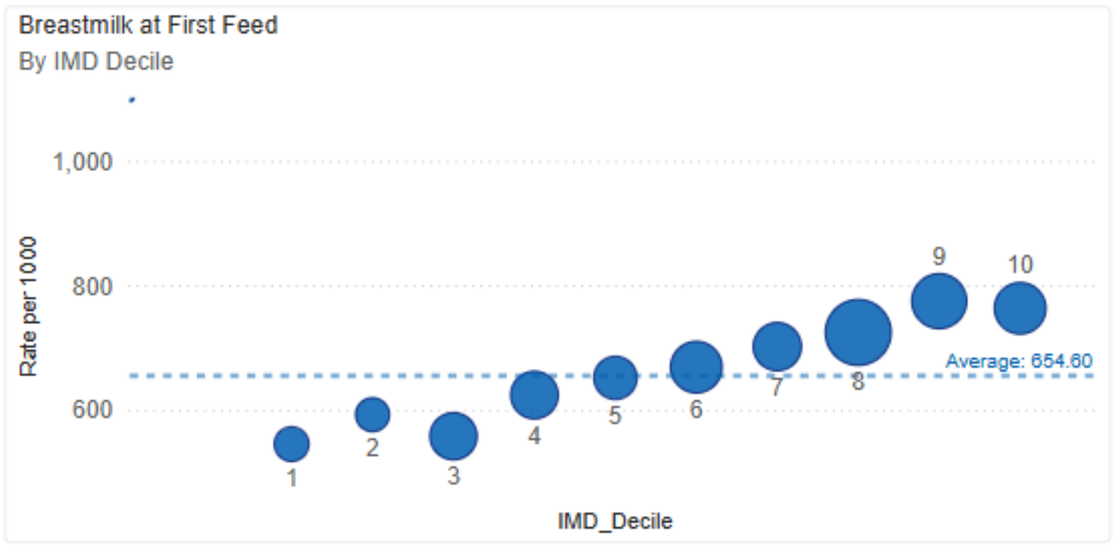
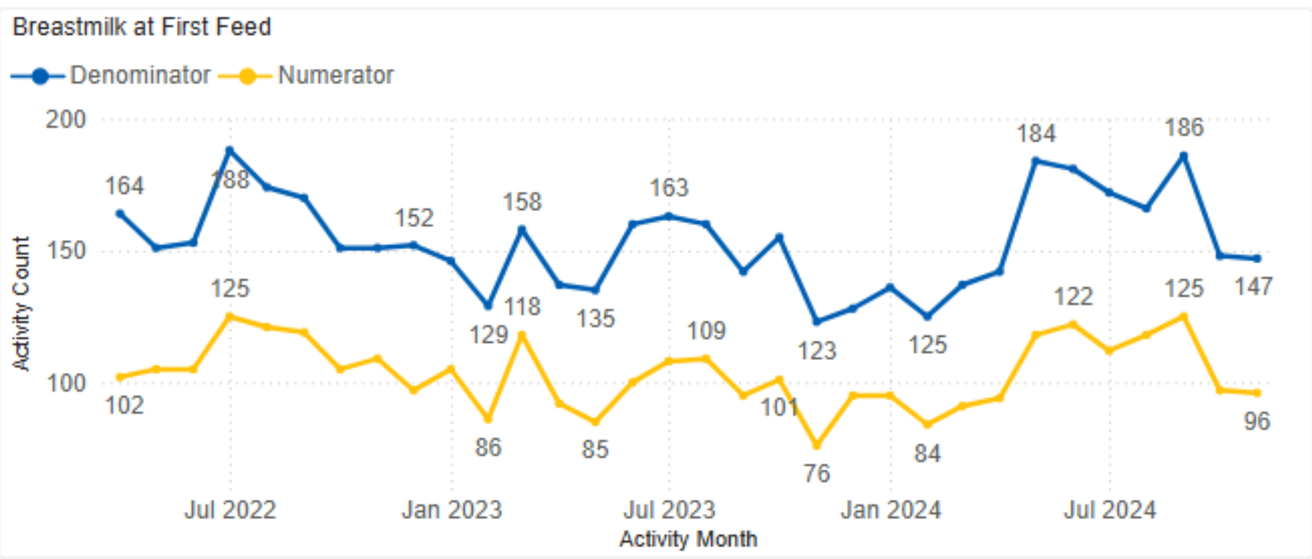
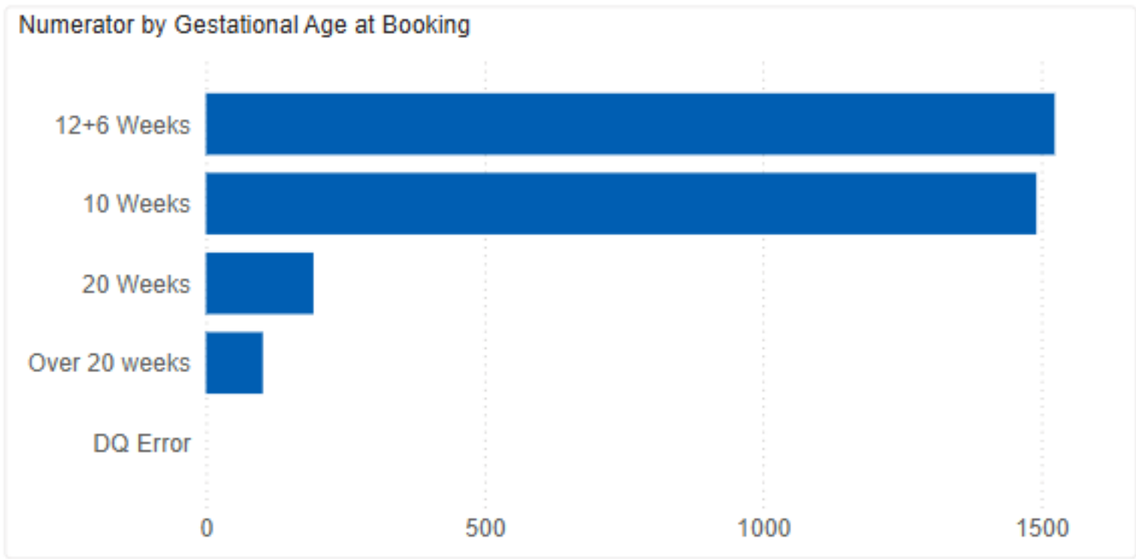
Breastfeeding at first feed: Chorley & South Ribble









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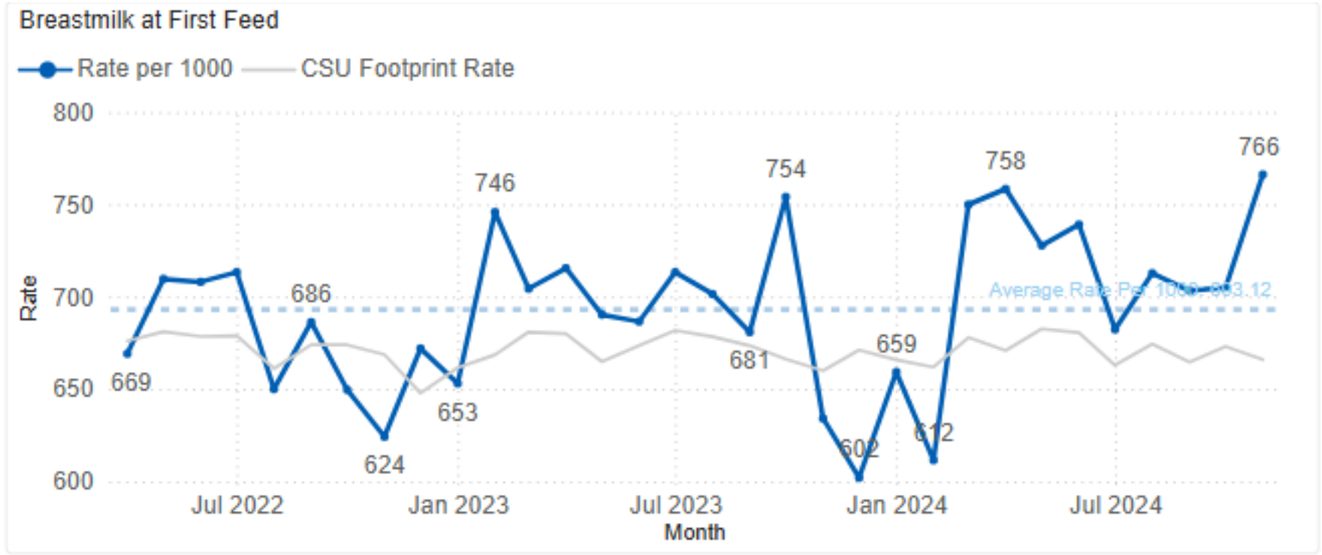
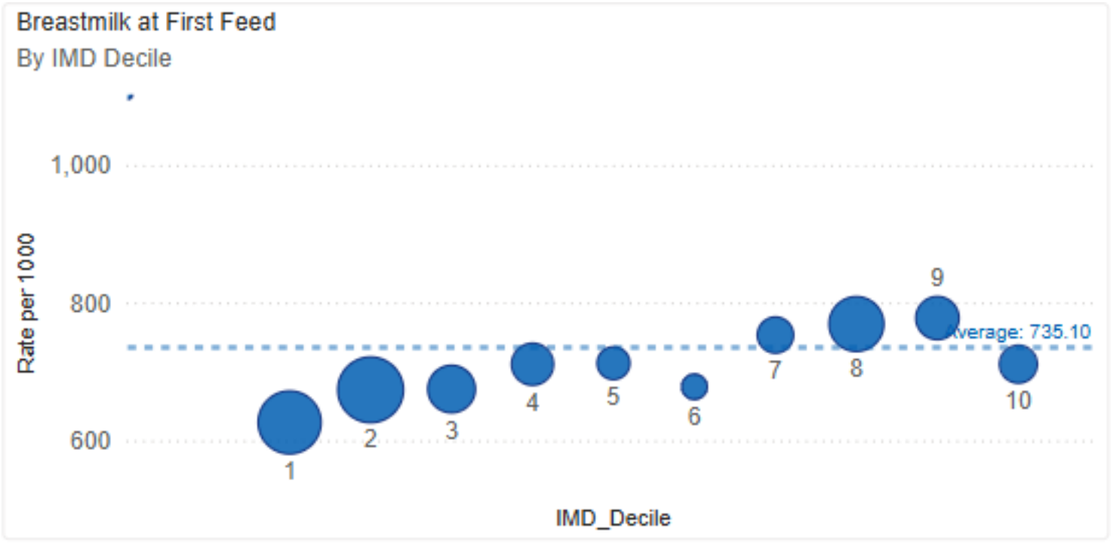
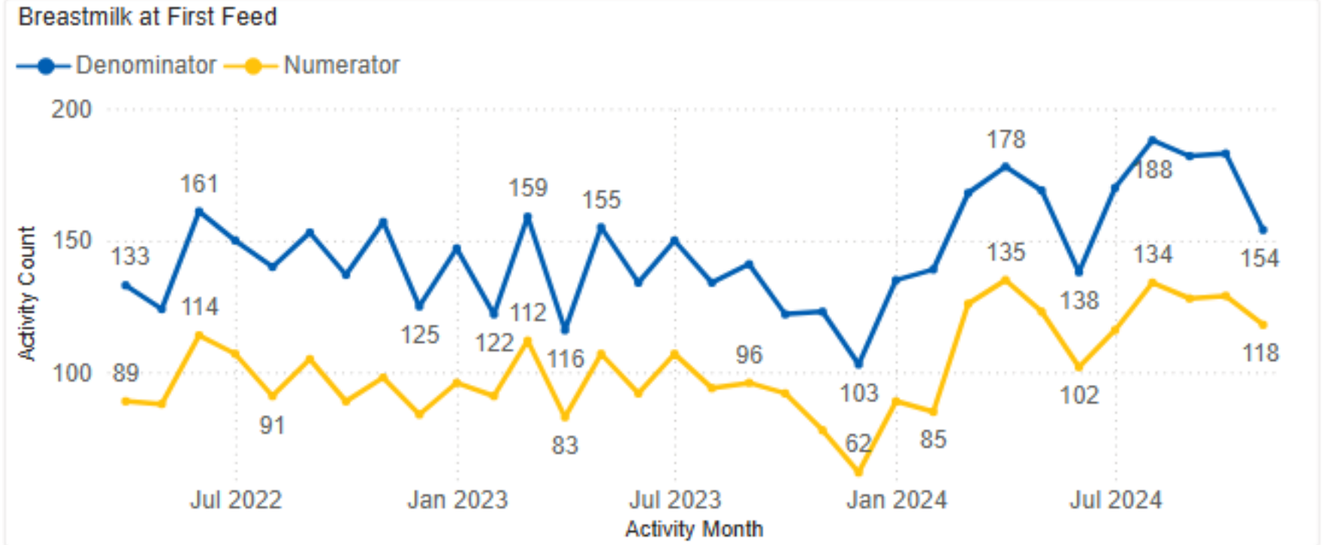
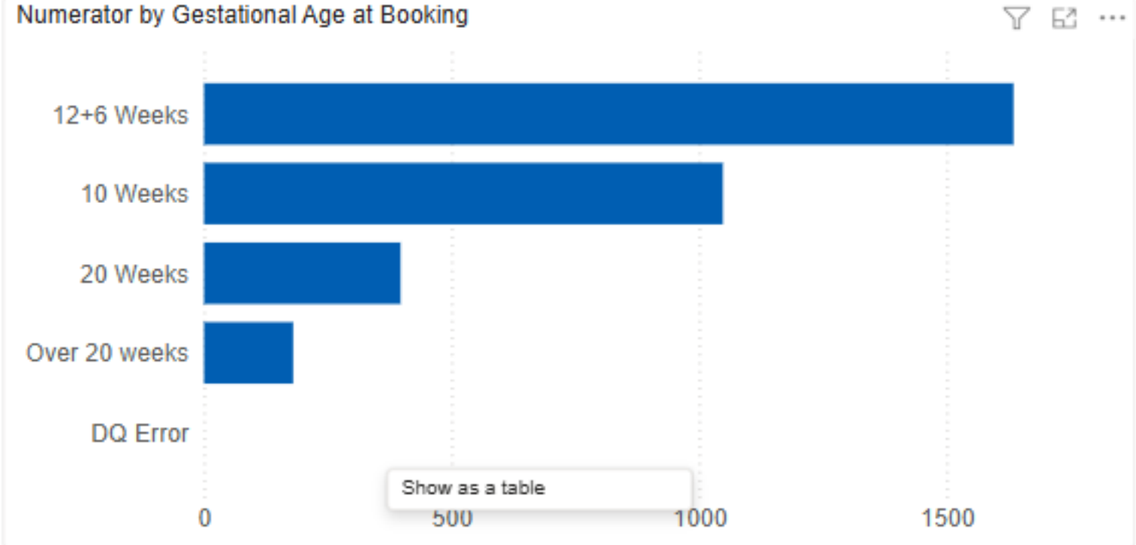
Breastfeeding at first feed: Greater Preston









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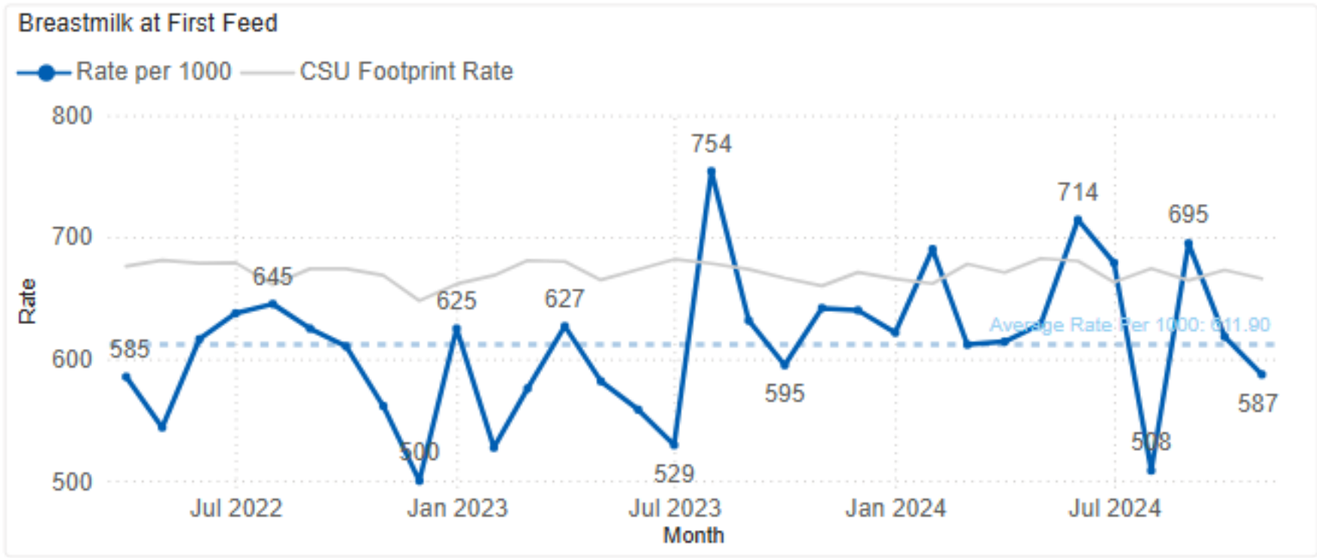
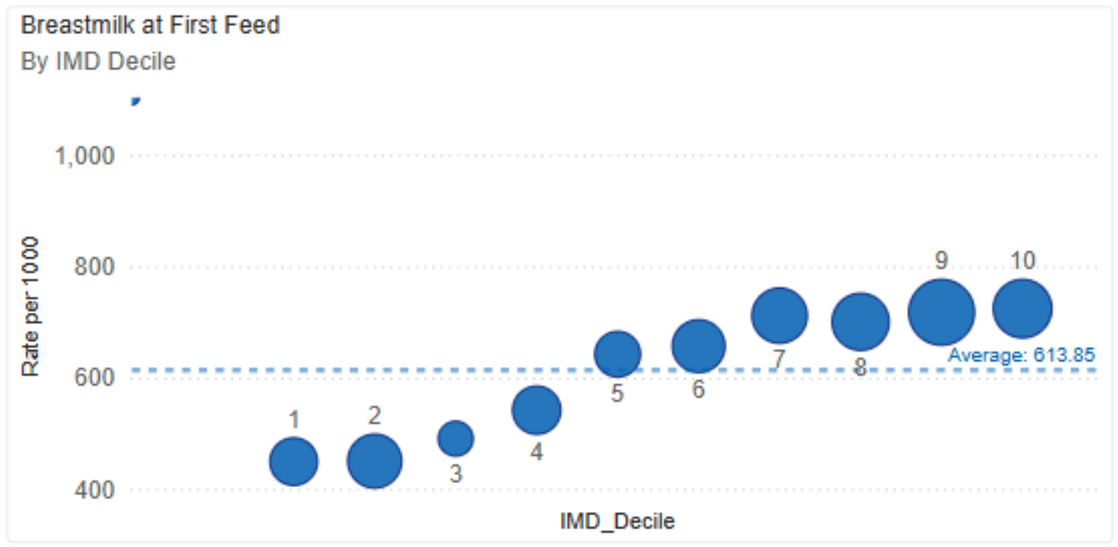
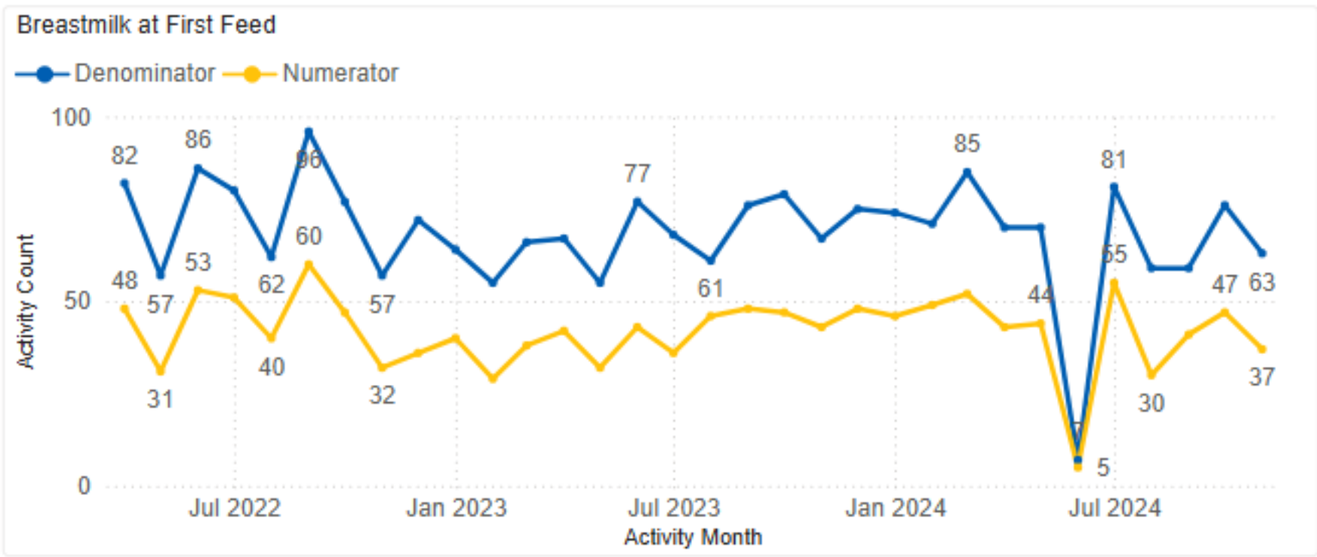
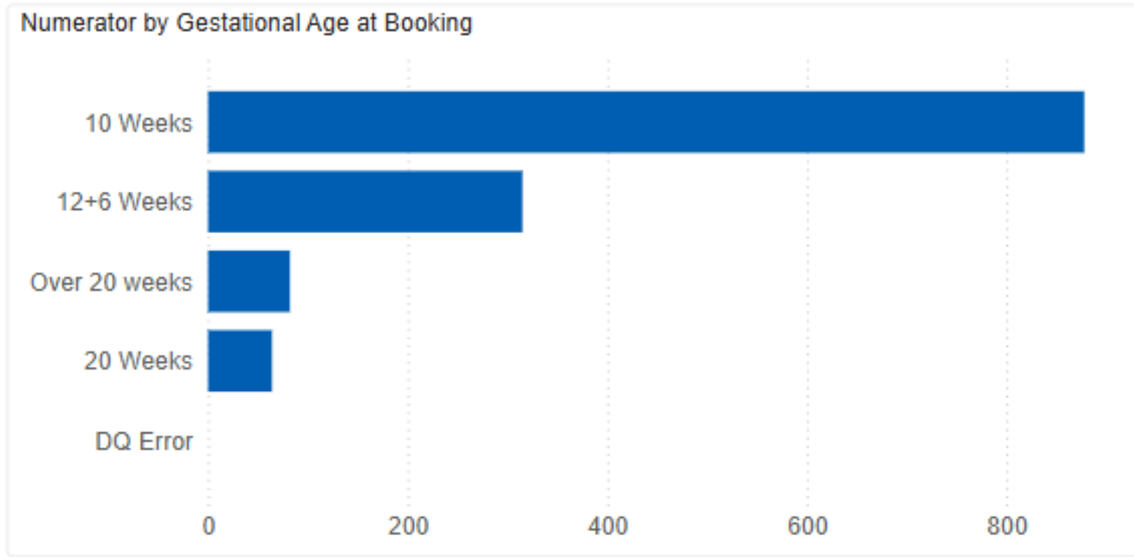
Breastfeeding at first feed: West Lancs









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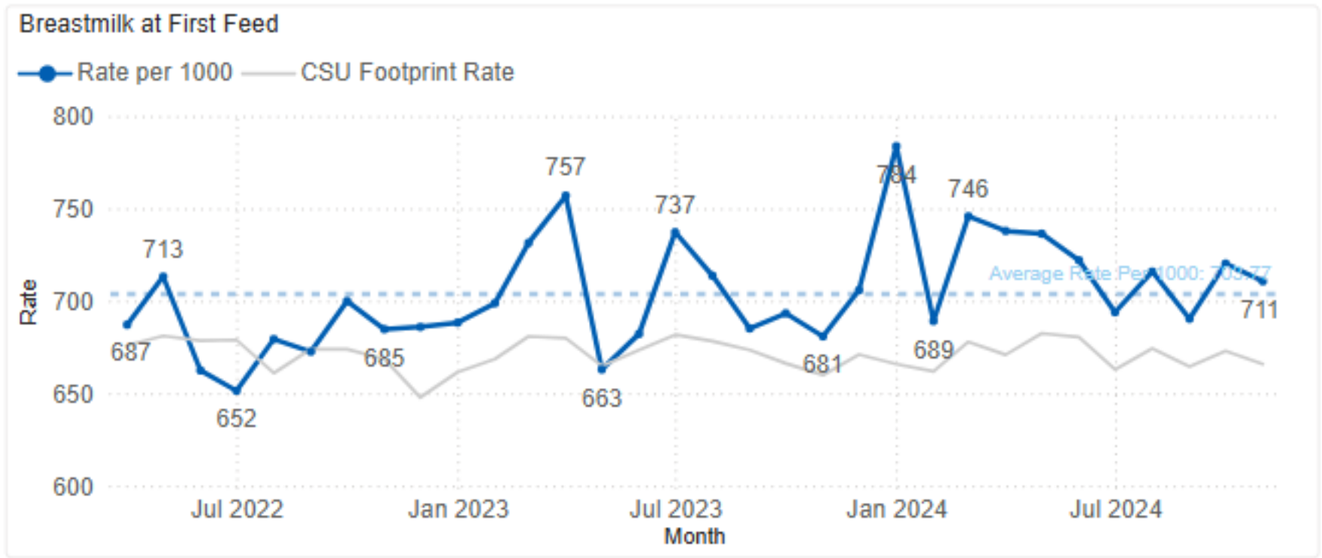
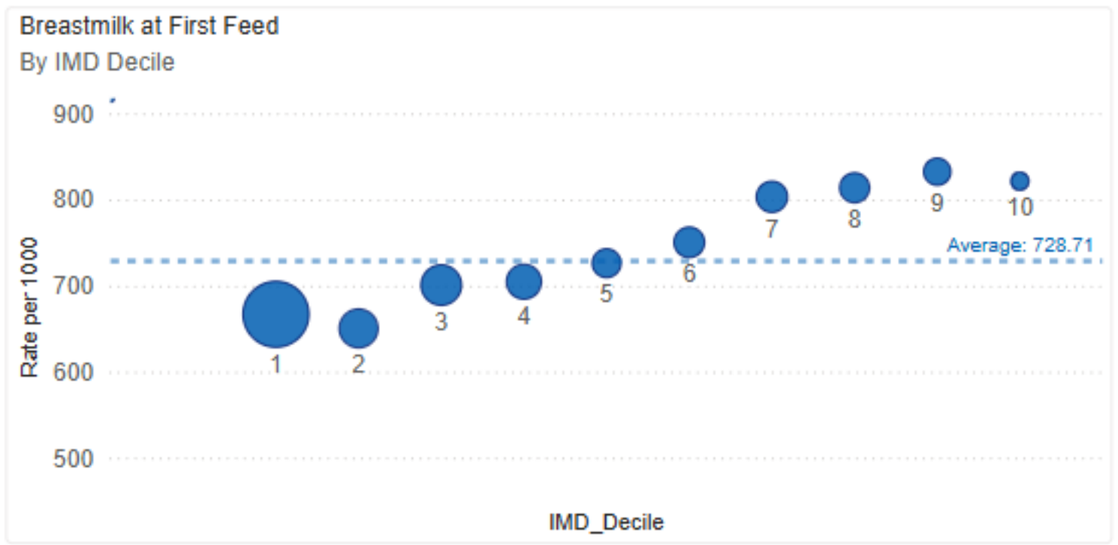
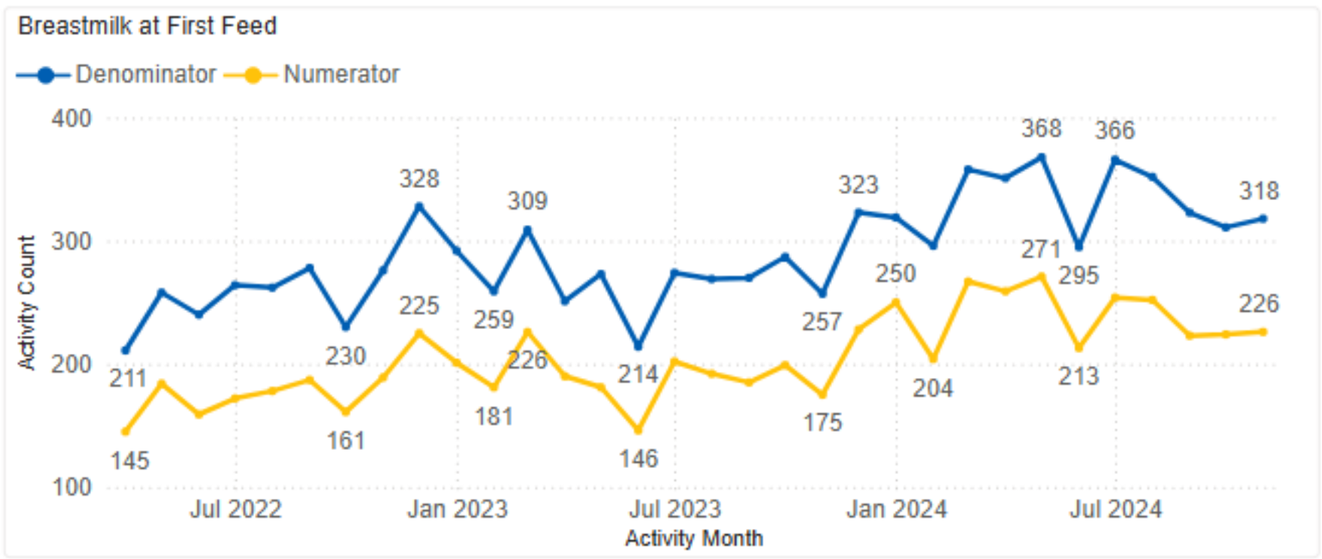
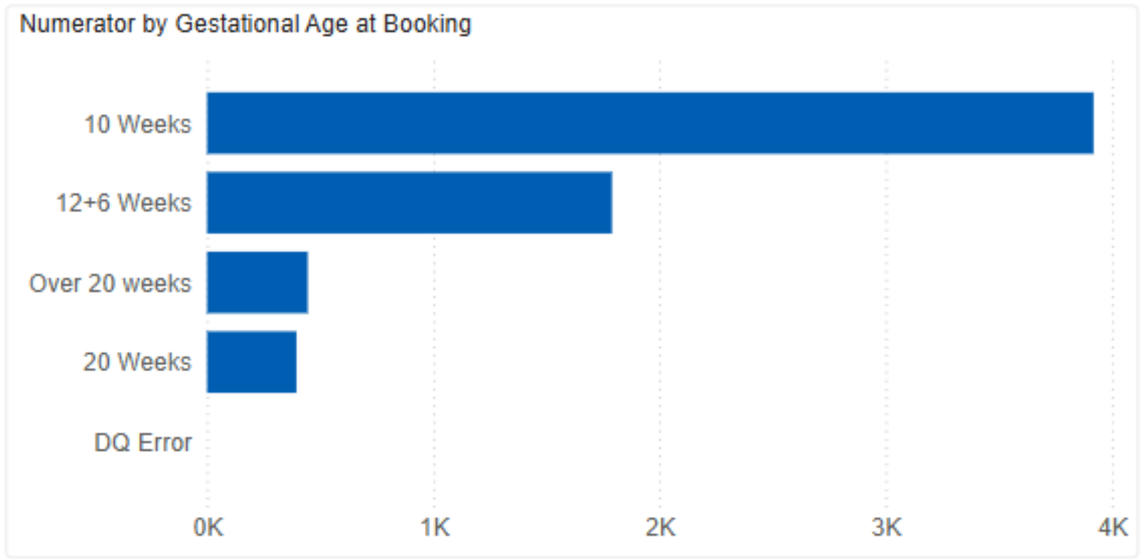
Breastfeeding at first feed: East Lancs









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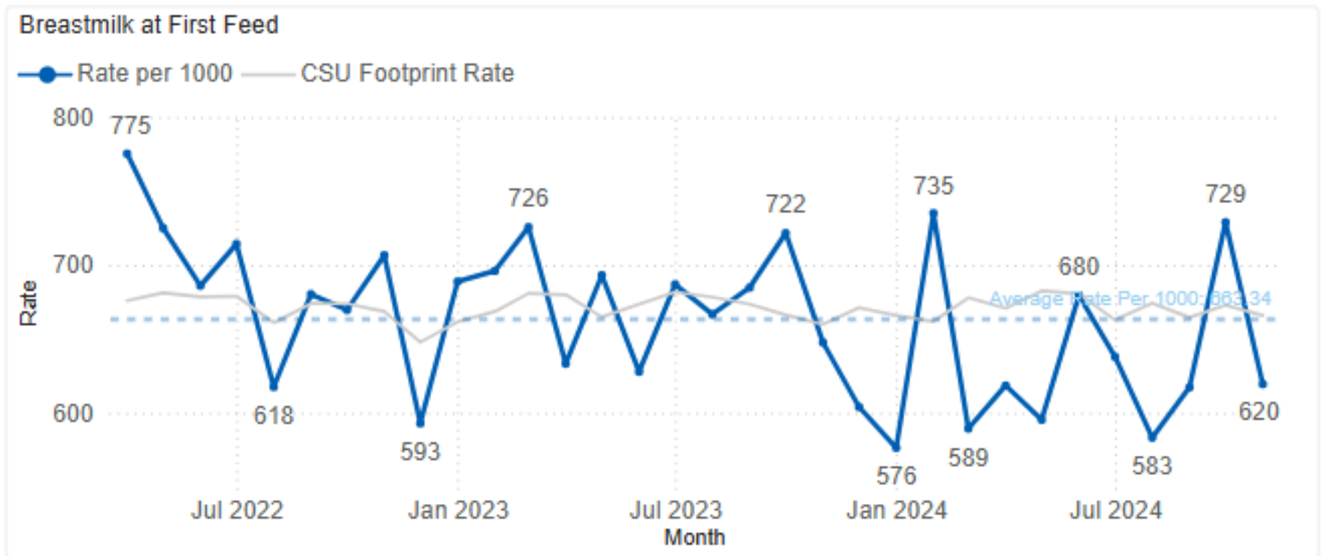
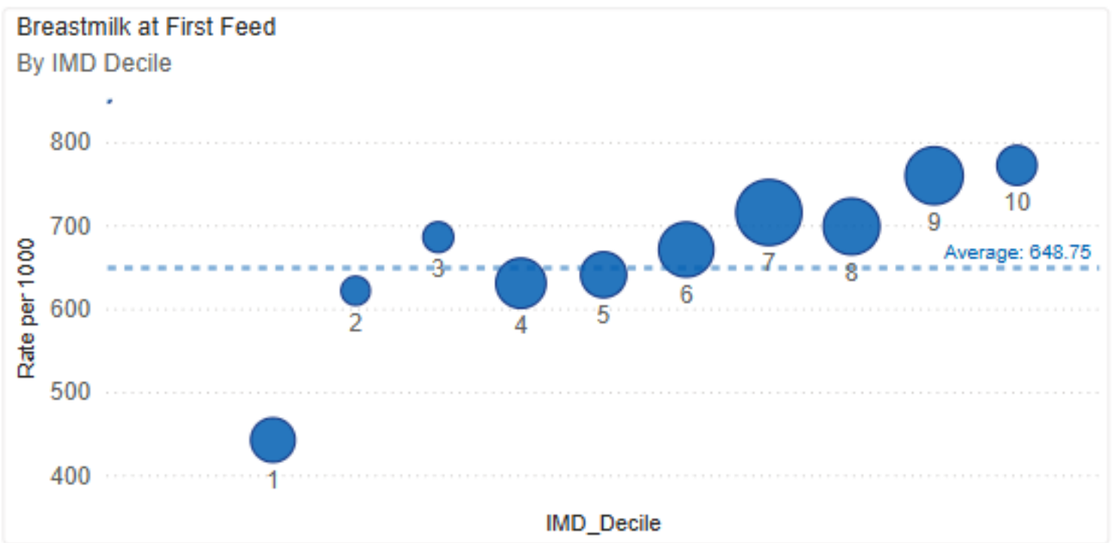
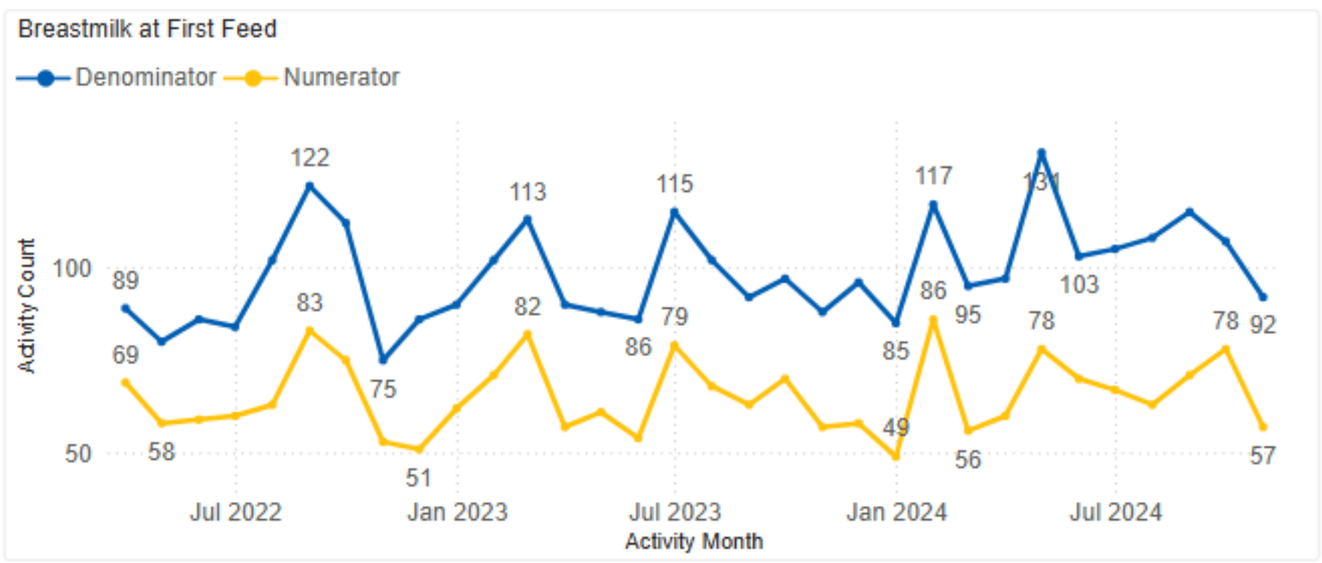
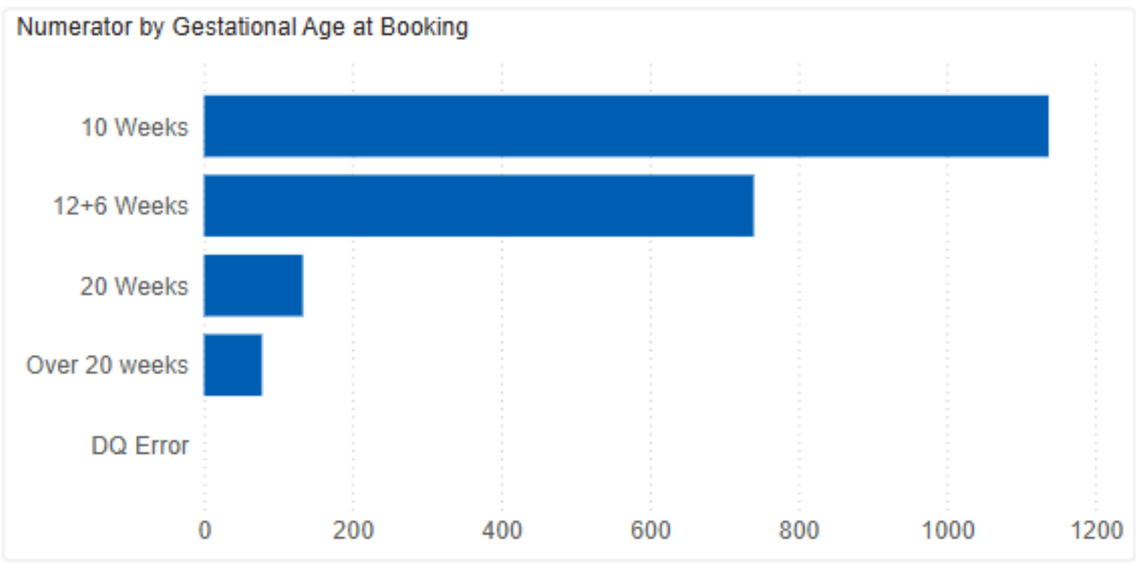
Breastfeeding at first feed: Flyde & Wyre









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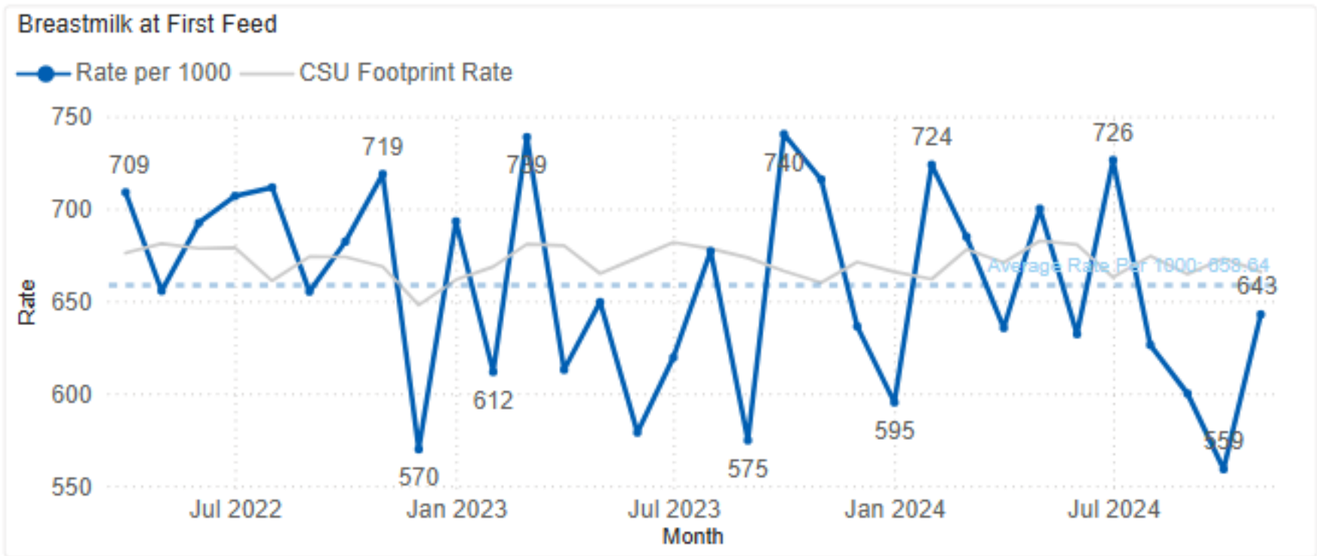
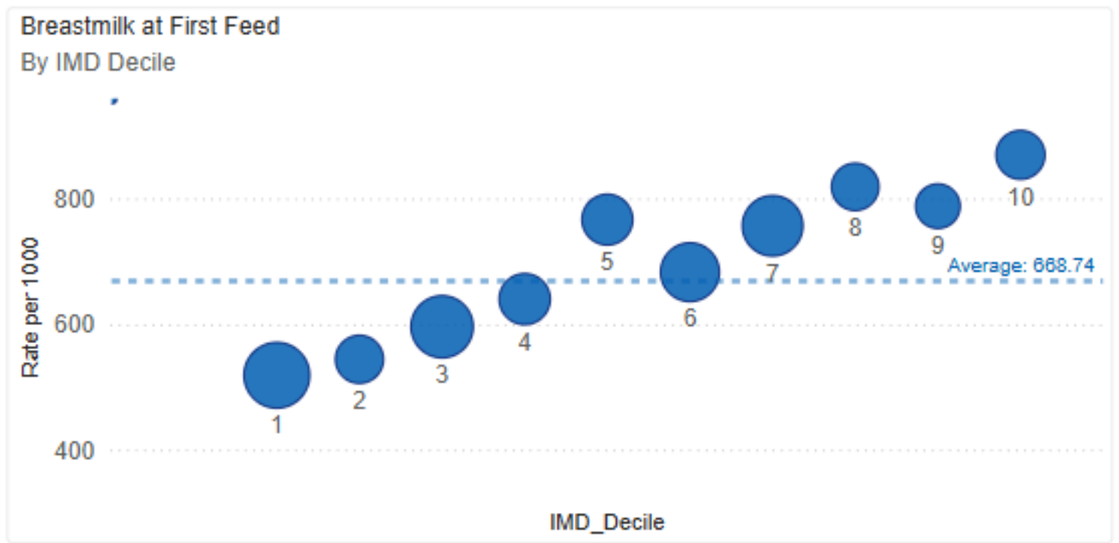
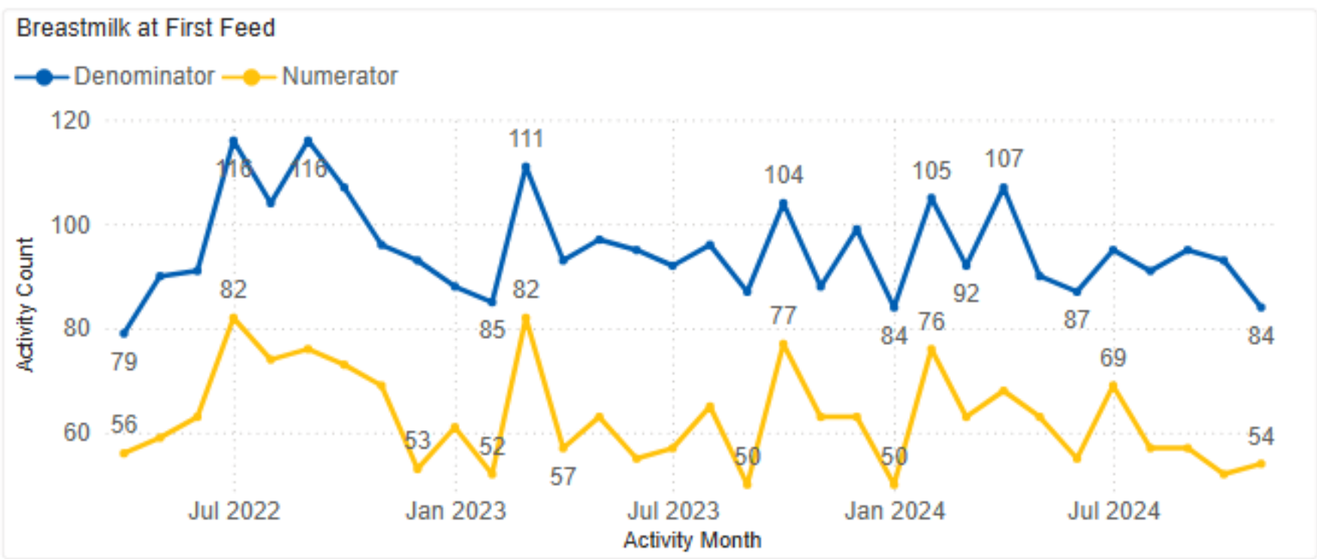
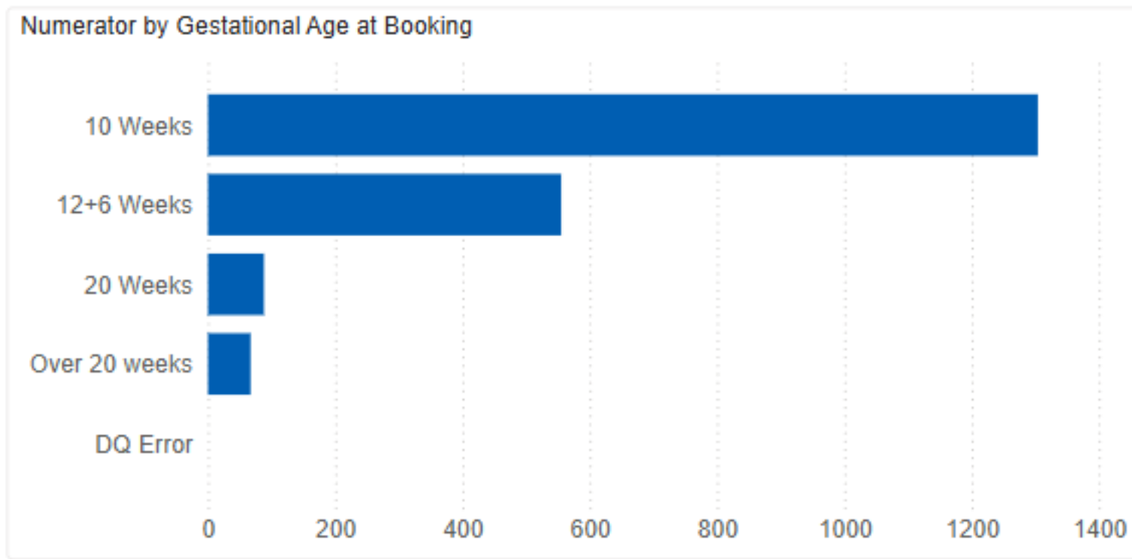
Breastfeeding at first feed: Morecambe Bay Lancs North









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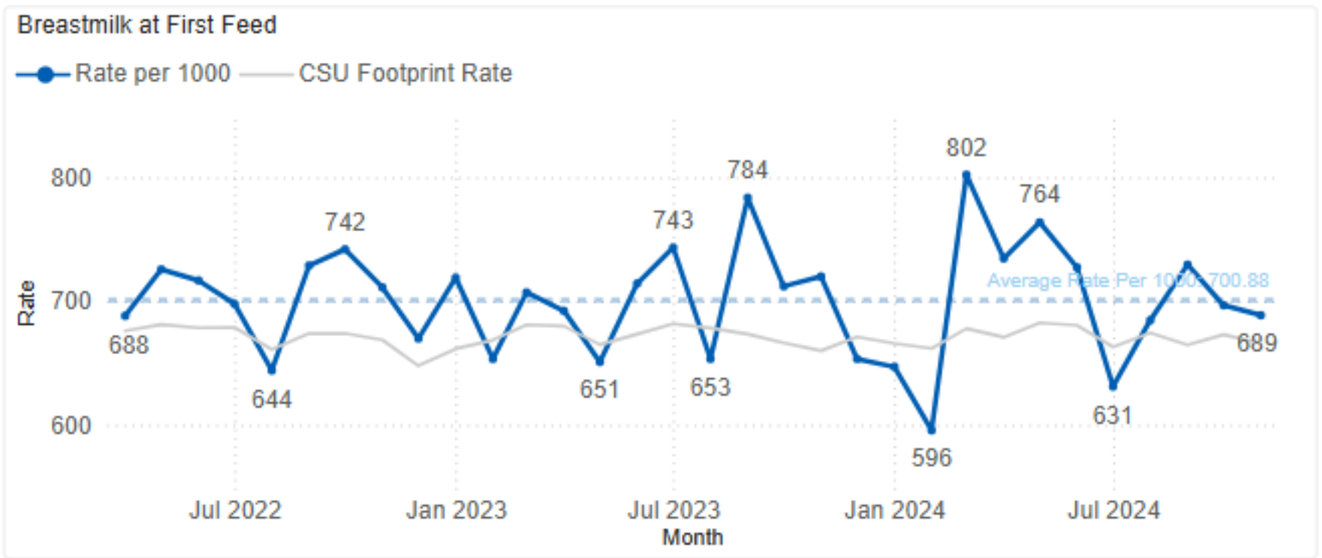
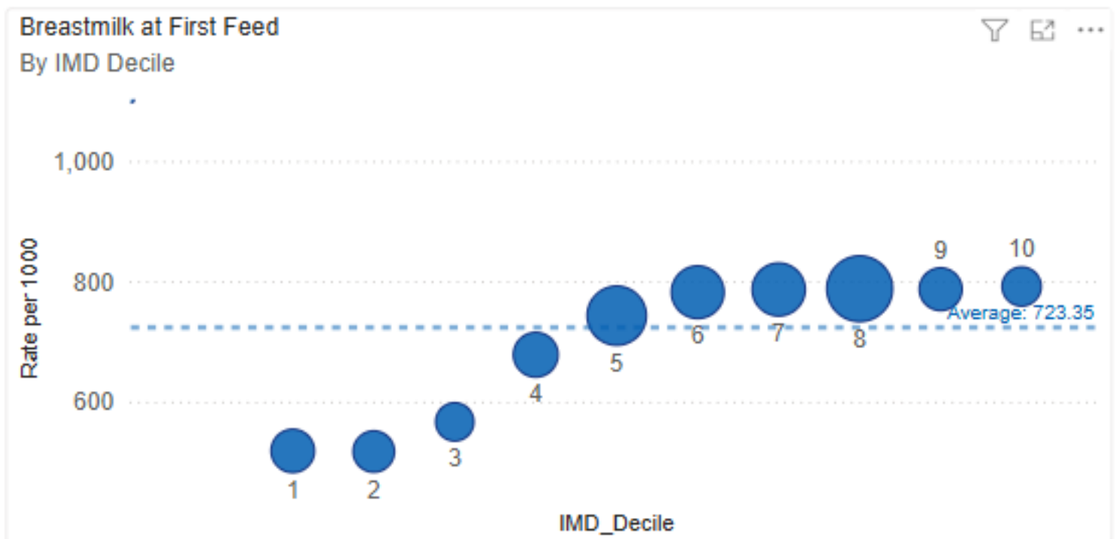
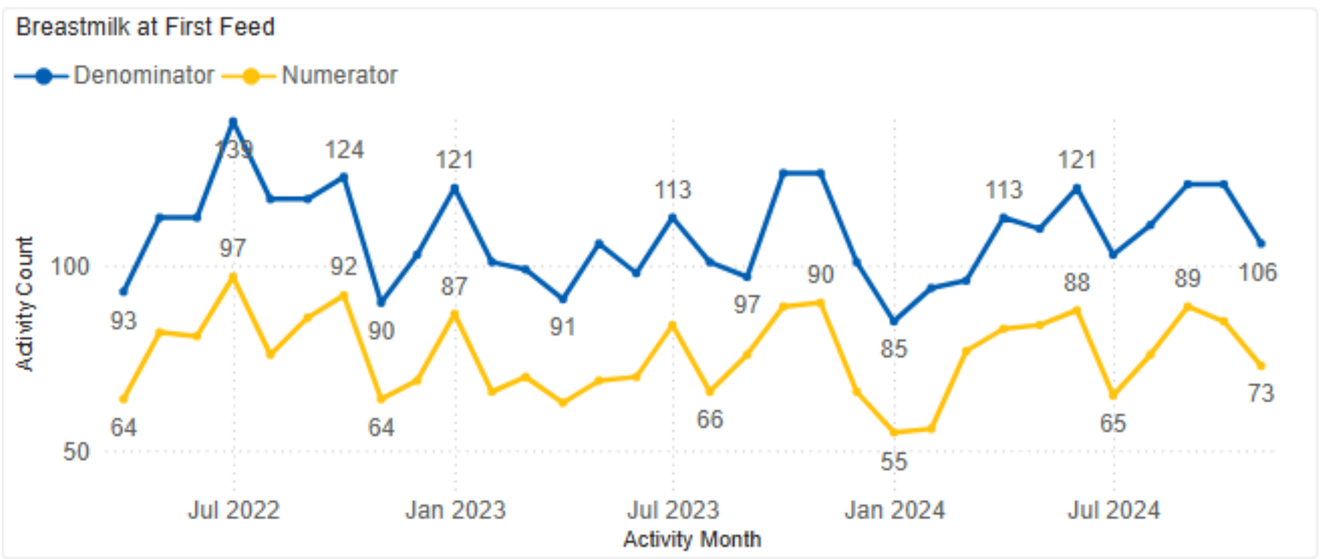
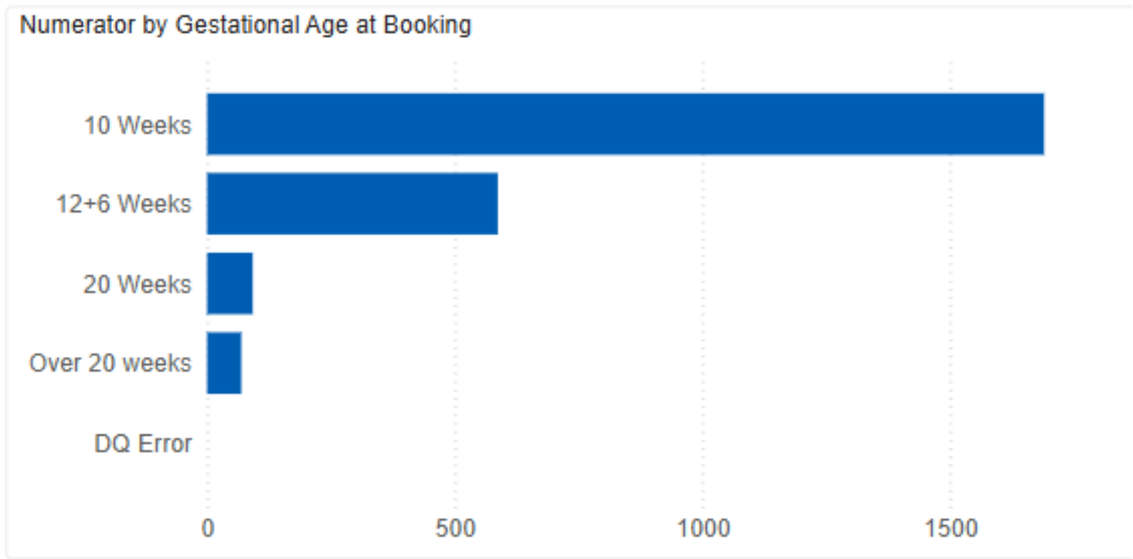
Breastfeeding at first feed: Morecambe Bay South Cumbria









Lancashire and South Cumbria Integrated Care Partnership

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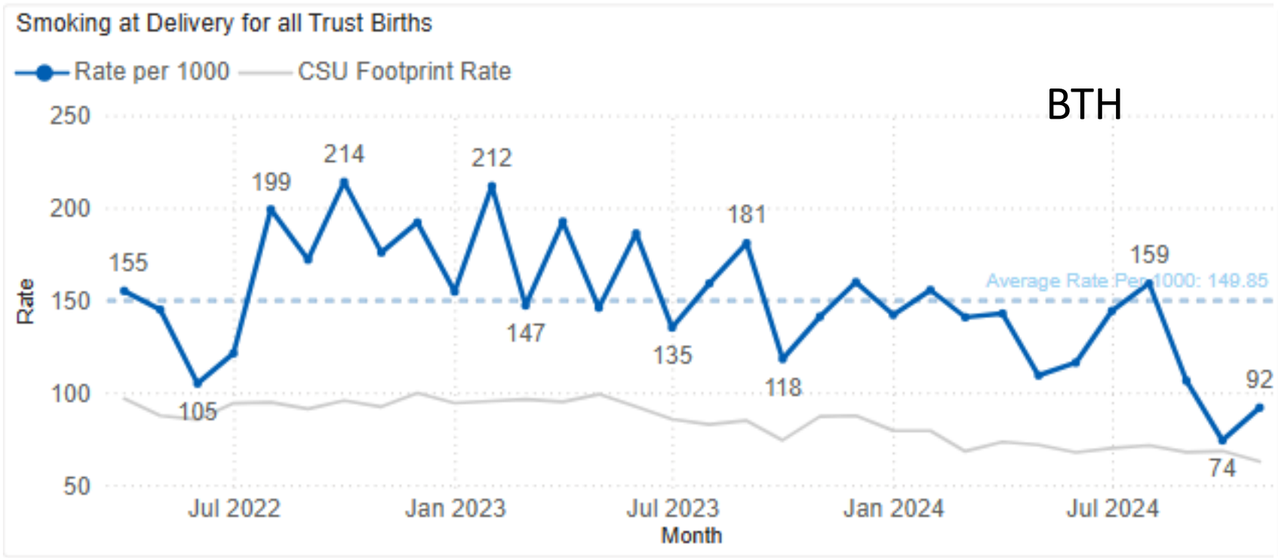
SATOD: PROVIDER LEVEL

BTH



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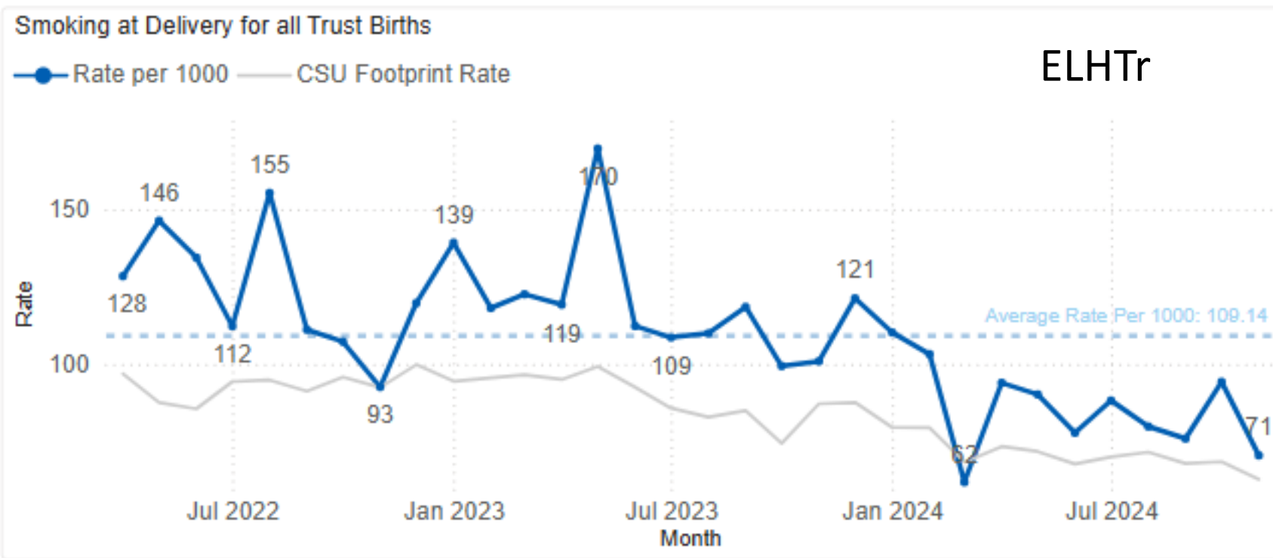
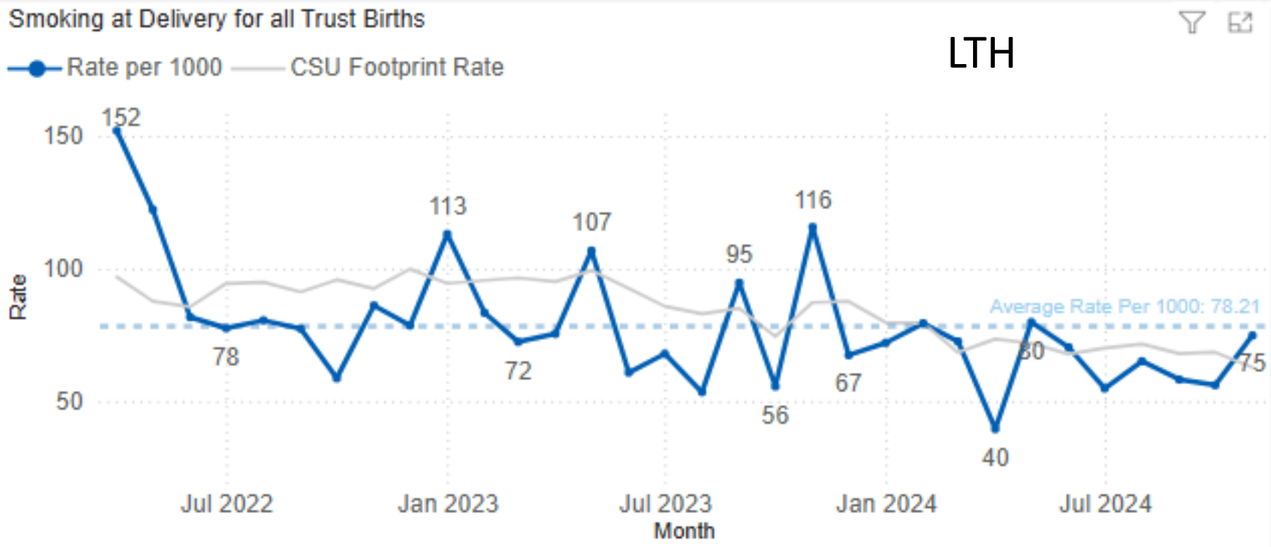
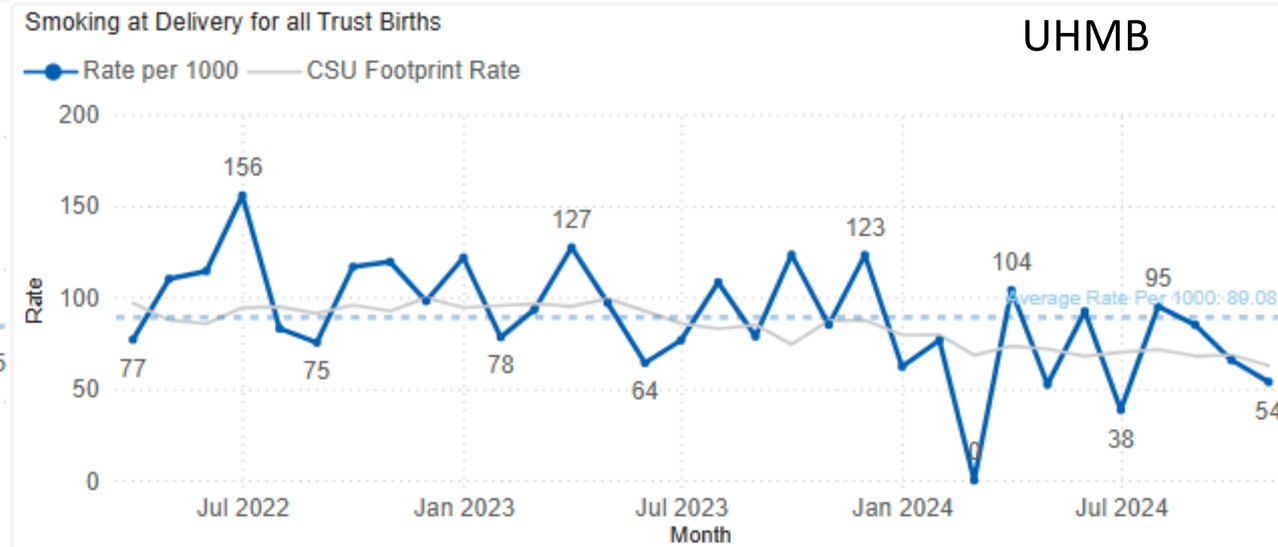


LTH



UHMB



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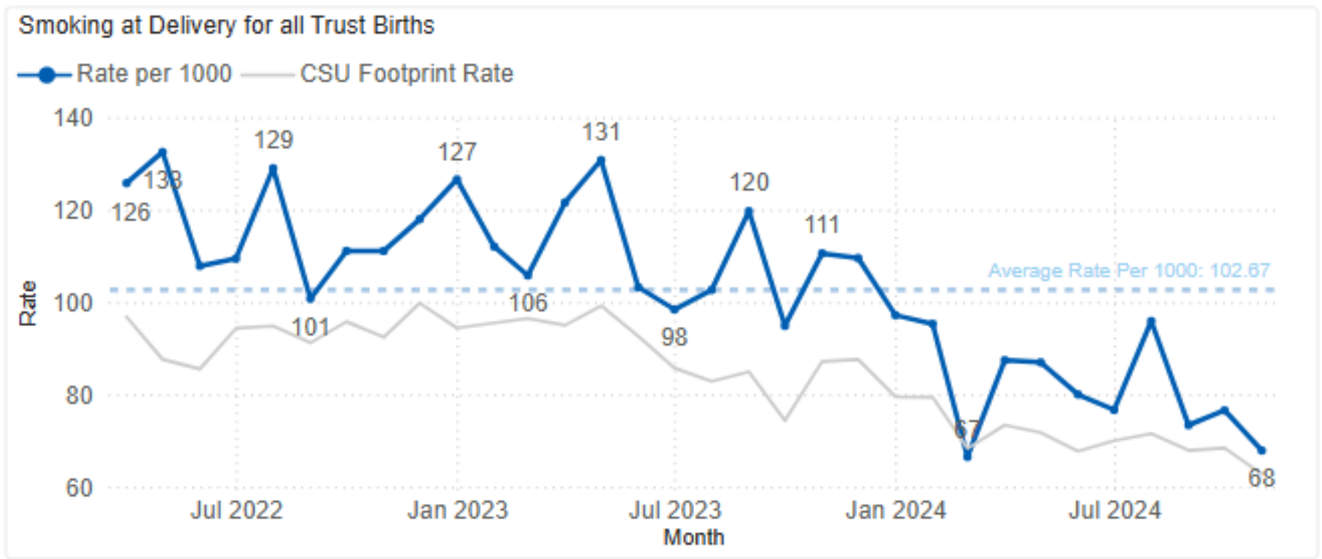
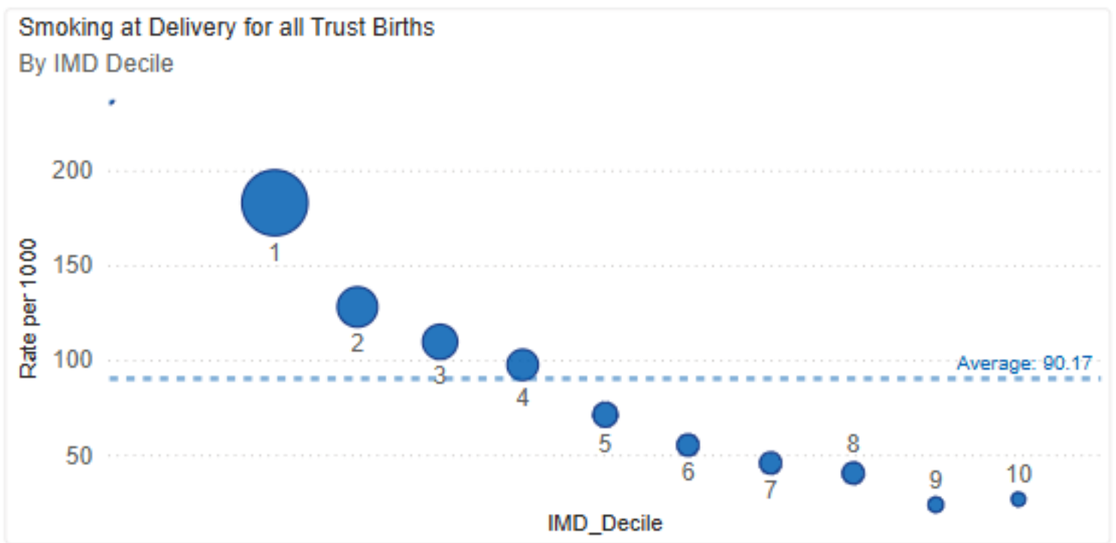
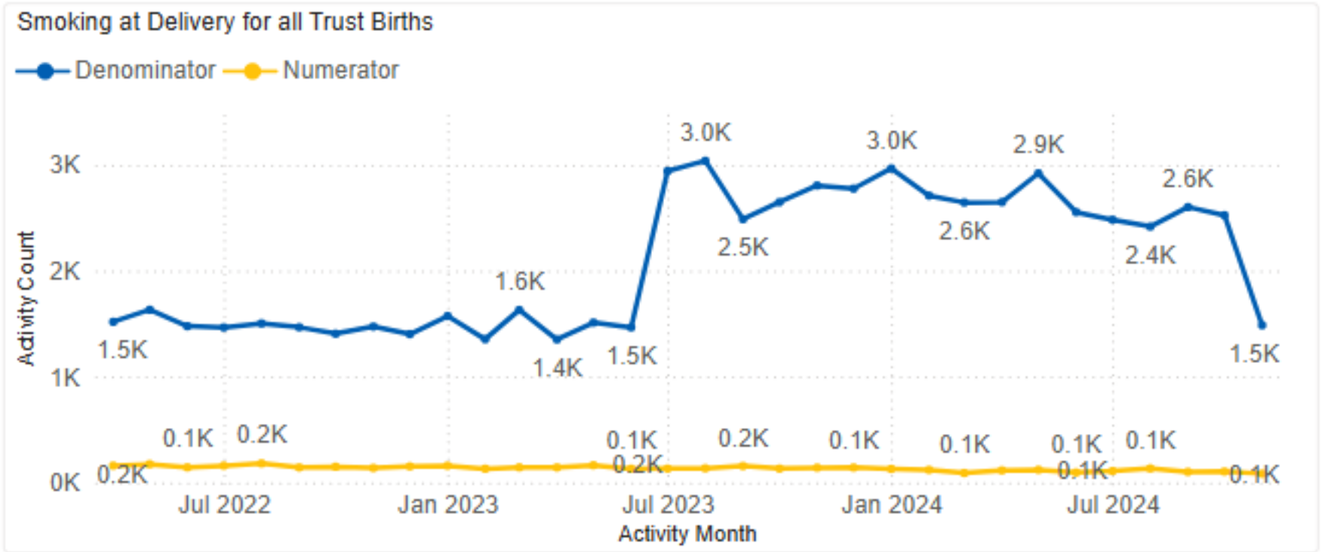
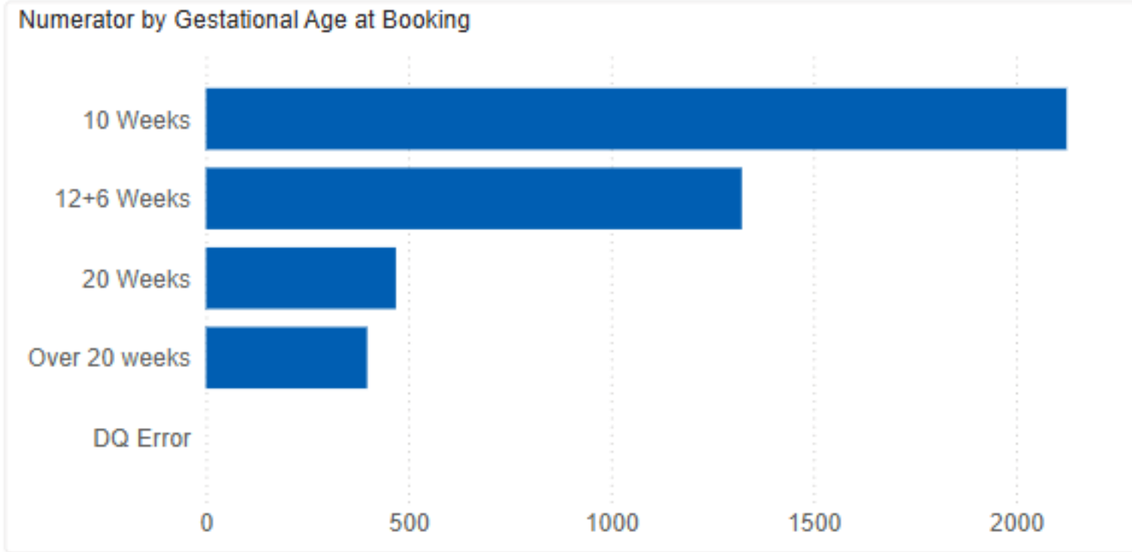
SATOD: LSC ICB LEVEL







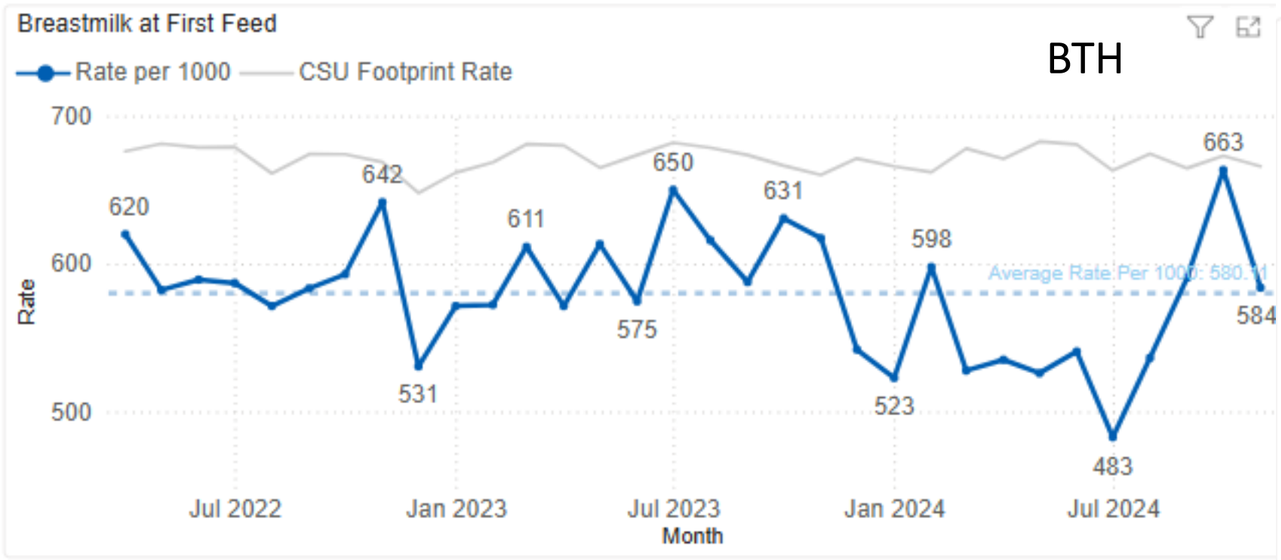


Lancashire and South Cumbria
Integrated Care Partnership

Lancashire and South Cumbria Integrated Care Board

BREASTFEEDING AT FIRST FEED: PROVIDER LEVEL

BTH



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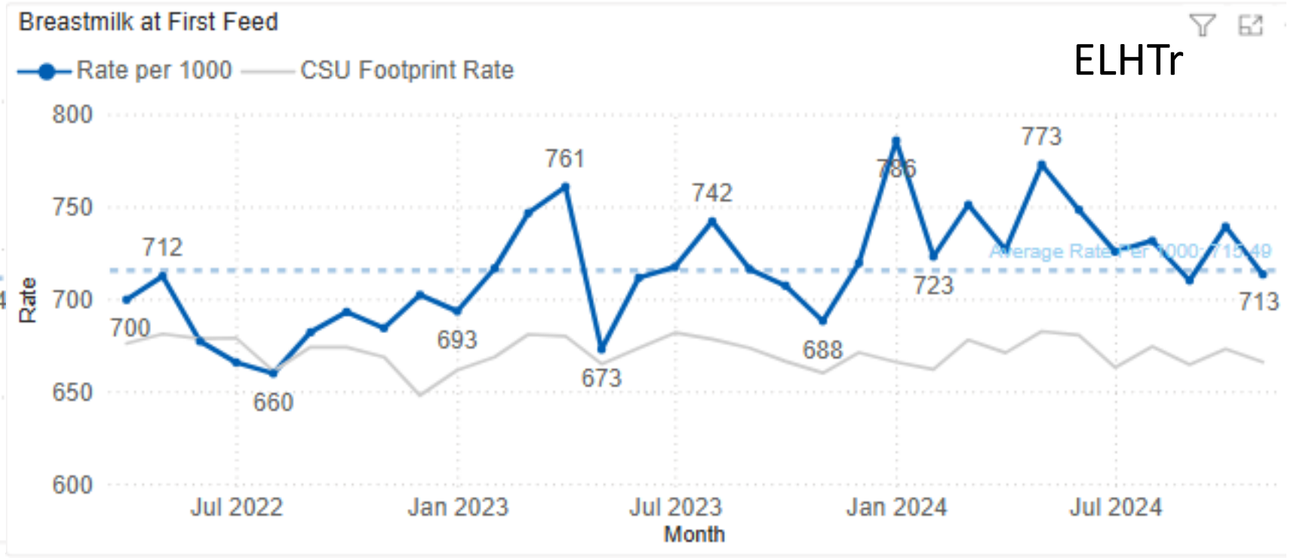
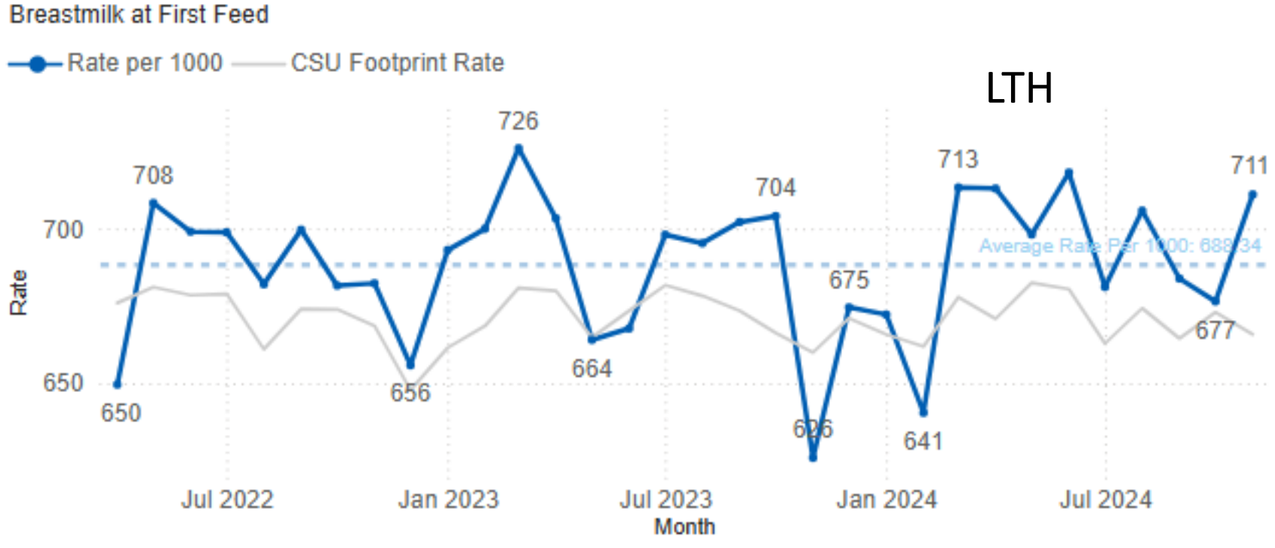


LTH



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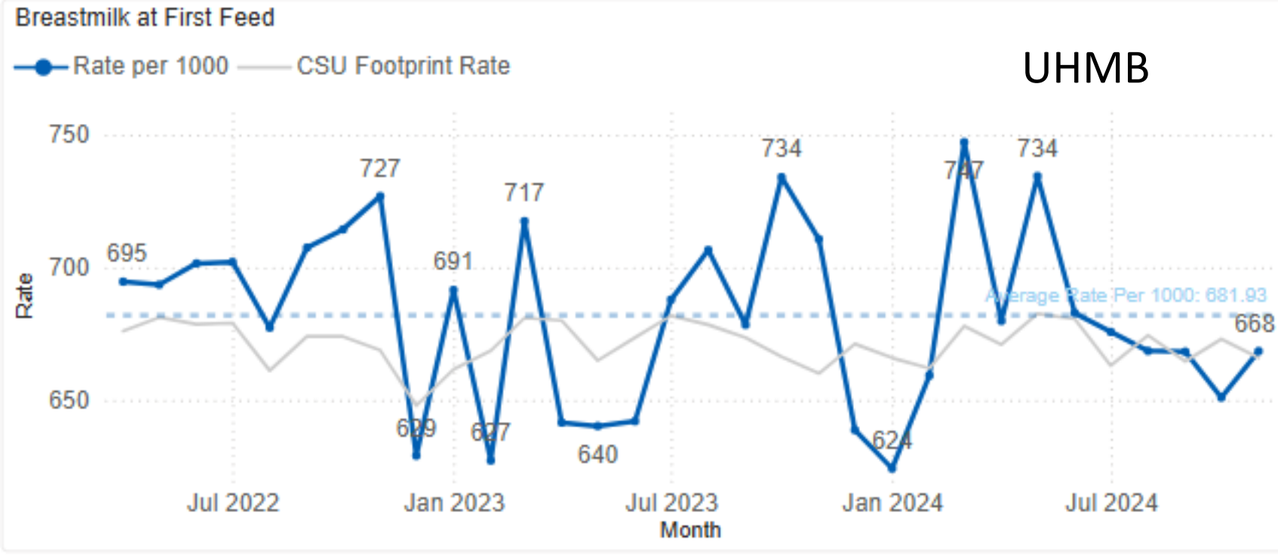

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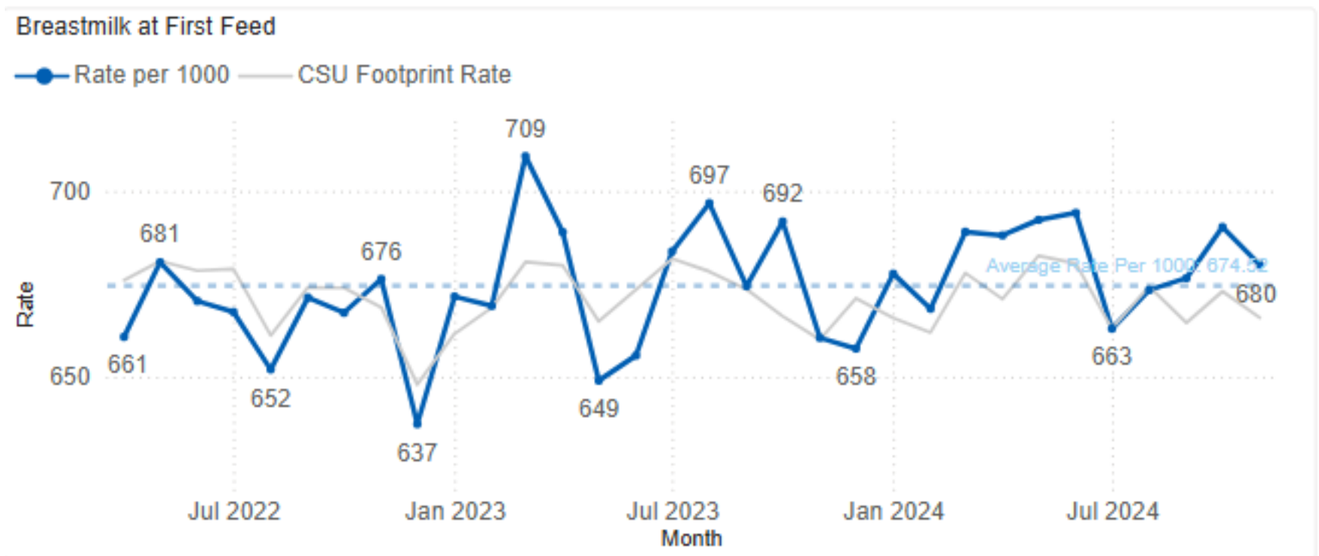
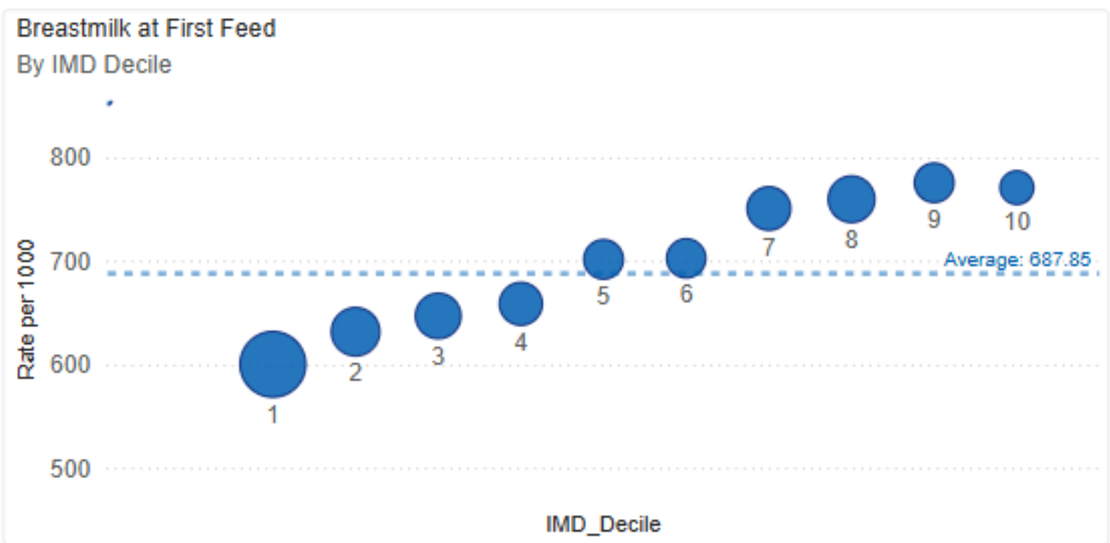
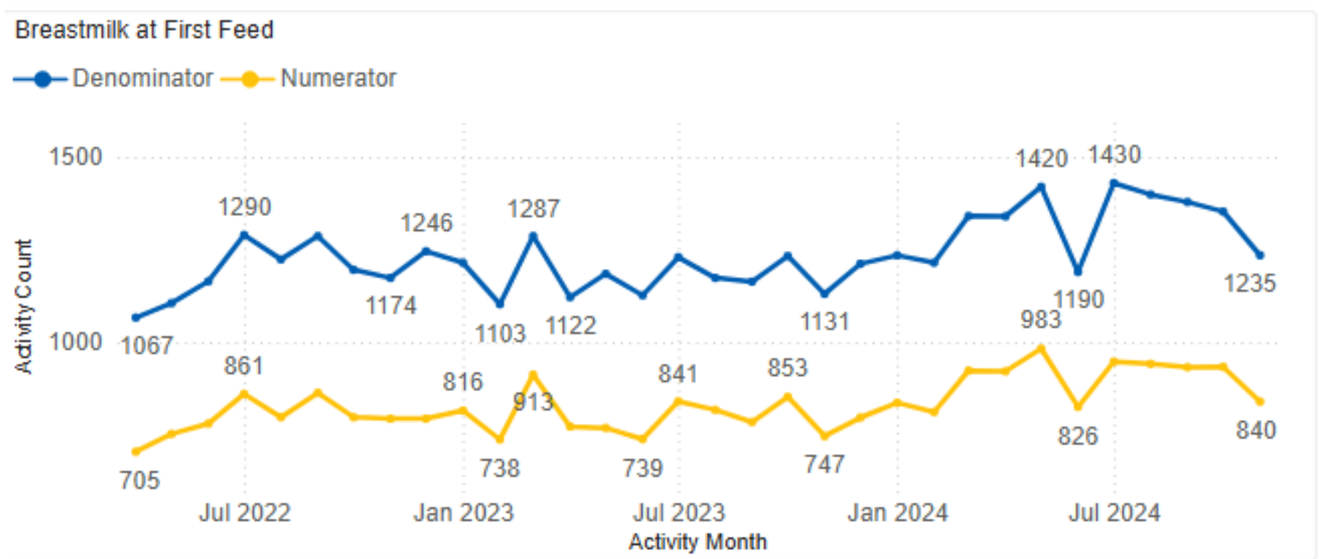
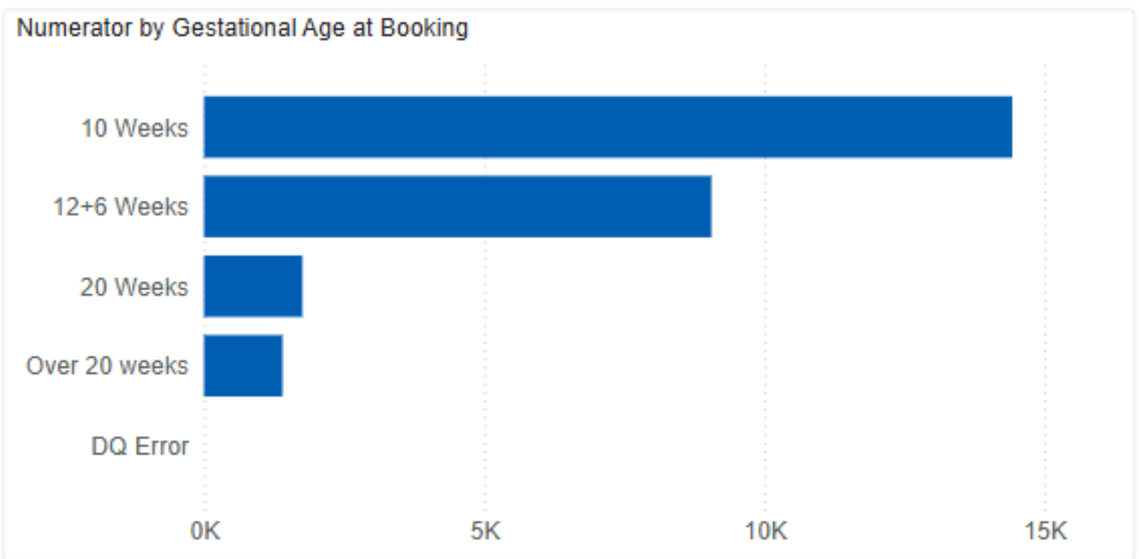
Lancashire and South Cumbria Integrated Care Board

BREASTFEEDING AT FIRST FEED: LSC ICB LEVEL









Lancashire and South Cumbria Integrated Care Partnership

Lancashire and South Cumbria Integrated Care Board

Dashboard Summary

Measure	Location	202223_Q4	202324_Q1	202324_Q2	202324_Q3	Mean
EARLY BREASTMILK FEEDING FIRST 2 DAYS OF LIFE (<34 weeks)	**NWNODN**	**55%**	**62%**	**63%**	**64%**	**61%**
	Cheshire & Merseyside	**56%**	**67%**	**65%**	**64%**	**63%**
	Greater Manchester	**52%**	**59%**	**60%**	**59%**	**58%**
	Lancashire and South Cumbria	**58%**	**63%**	**65%**	**77%**	**66%**
EARLY BREASTMILK FEEDING D14 (<34 weeks)	**NWNODN**	**76%**	**78%**	**75%**	**77%**	**76%**
	Cheshire & Merseyside	**75%**	**75%**	**73%**	**72%**	**74%**
	Greater Manchester	**78%**	**80%**	**79%**	**79%**	**79%**
	Lancashire and South Cumbria	**74%**	**75%**	**70%**	**79%**	**74%**
BREASTMILK AT DISCHARGE (<34 weeks)	**NWNODN**	**60%**	**56%**	**55%**	**58%**	**57%**
	Cheshire & Merseyside	**65%**	**49%**	**52%**	**49%**	**54%**
	Greater Manchester	**59%**	**64%**	**57%**	**66%**	**61%**
	Lancashire and South Cumbria	**58%**	**45%**	**55%**	**57%**	**54%**
BREASTMILK AT DISCHARGE (All gestations)	**NWNODN**	**56%**	**55%**	**55%**	**56%**	**56%**
	Cheshire & Merseyside	**58%**	**52%**	**51%**	**51%**	**53%**
	Greater Manchester	**56%**	**57%**	**55%**	**59%**	**57%**
	Lancashire and South Cumbria	**54%**	**56%**	**57%**	**57%**	**56%**

Breast milk by Day 2, Early BM feeding (D14) and BM at discharge for babies <34 wks are all NNAP measures

Lancashire and South Cumbria Integrated Care Partnership

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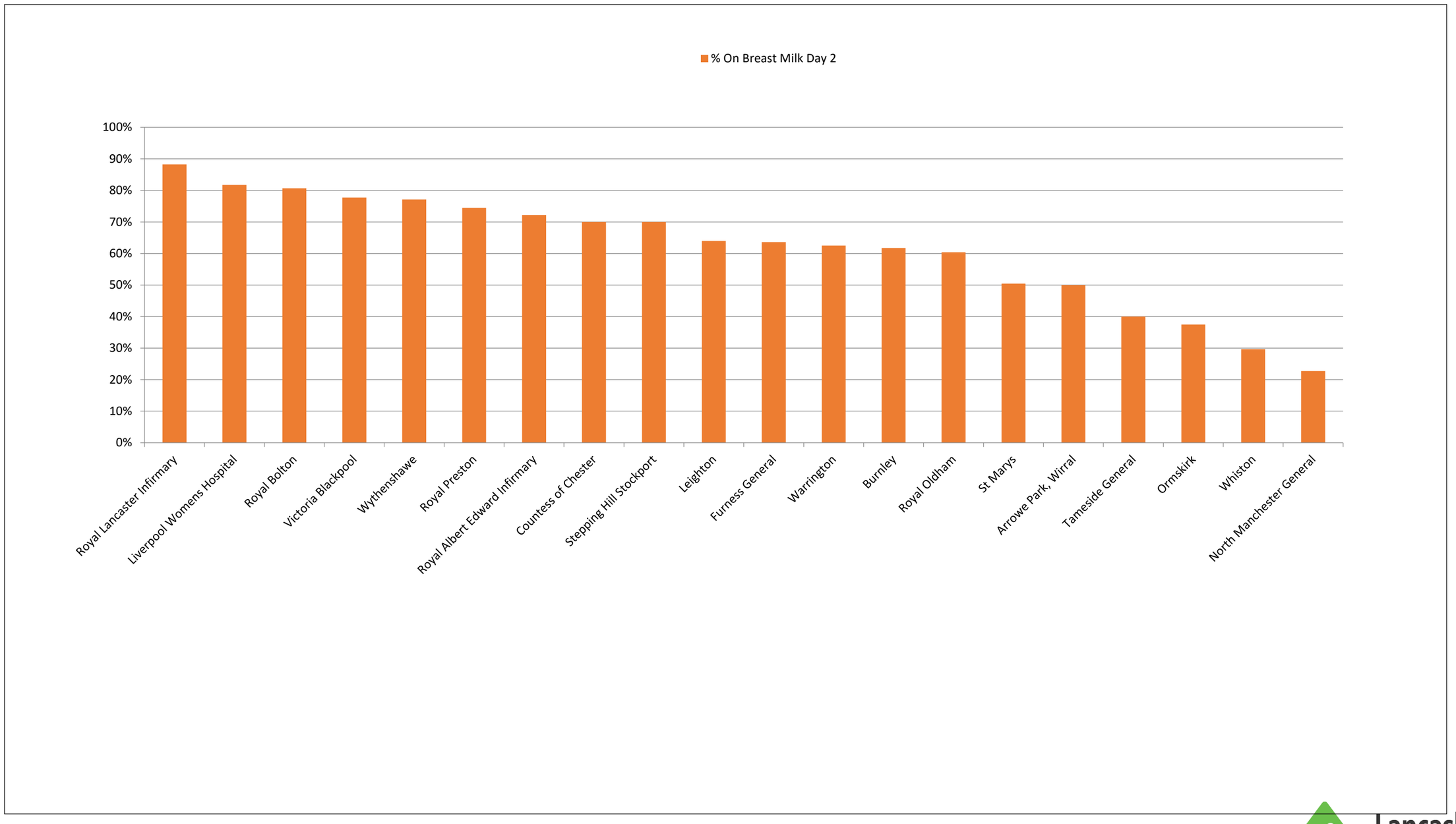
Breast Milk < 34 Weeks at Day 2
1st Jul to 31st Dec 2023



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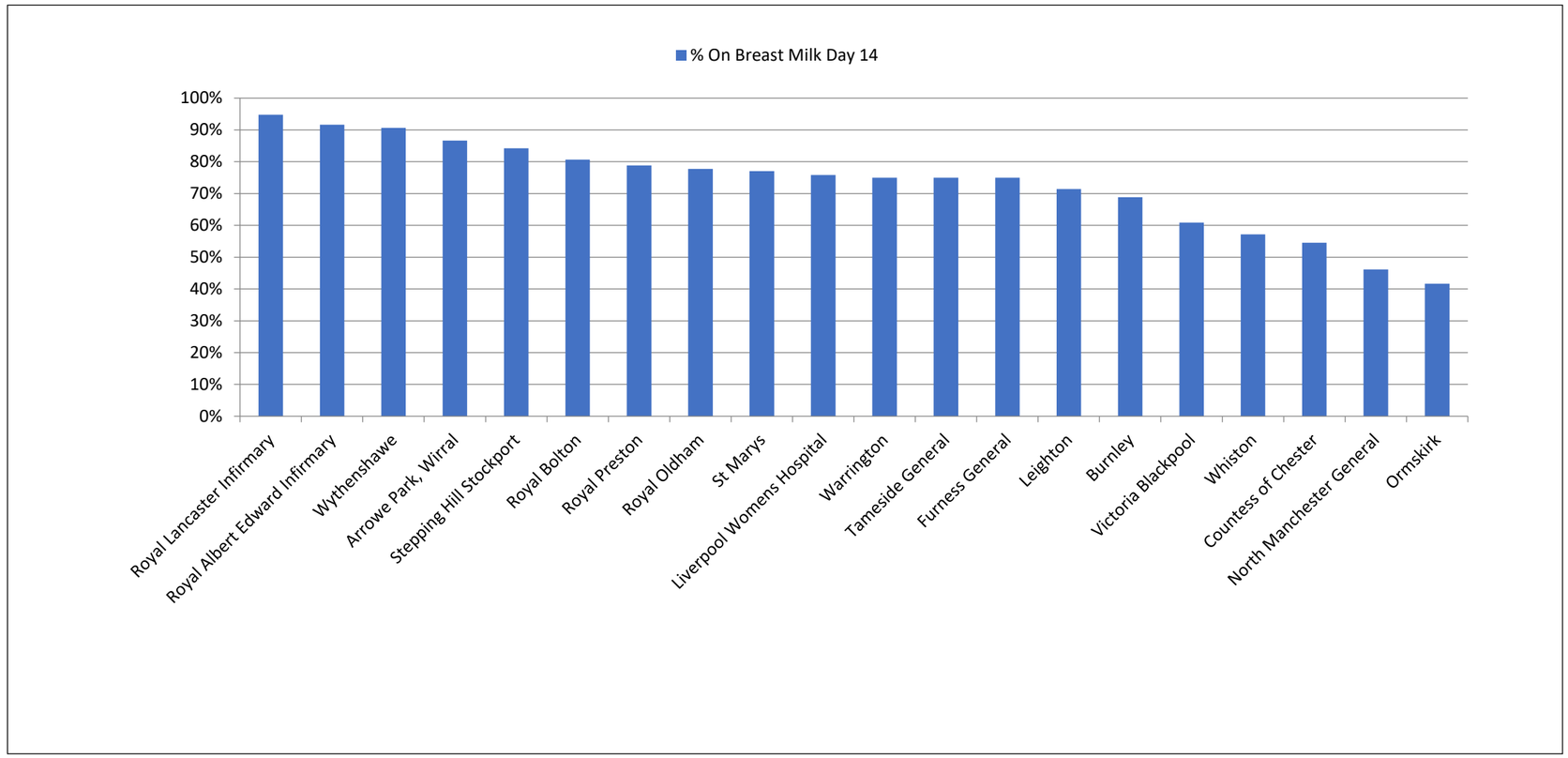
Breast Milk < 34 Weeks at Day 14
1st Jul to 31st Dec 2023



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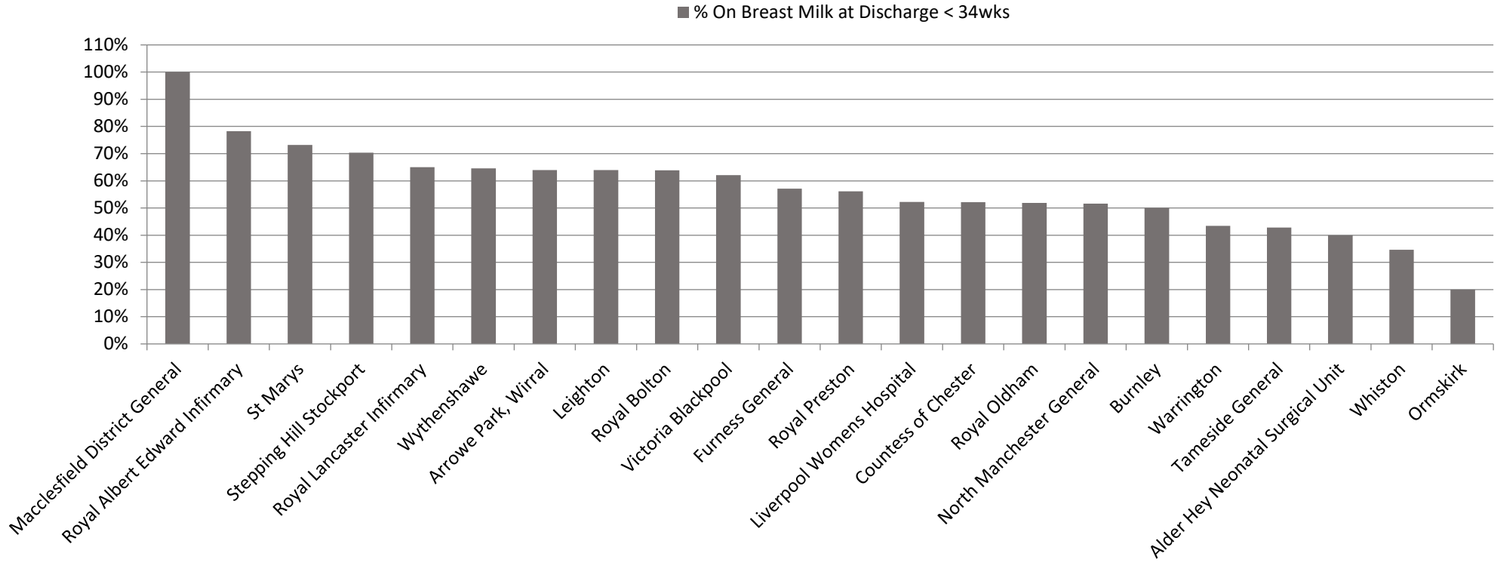
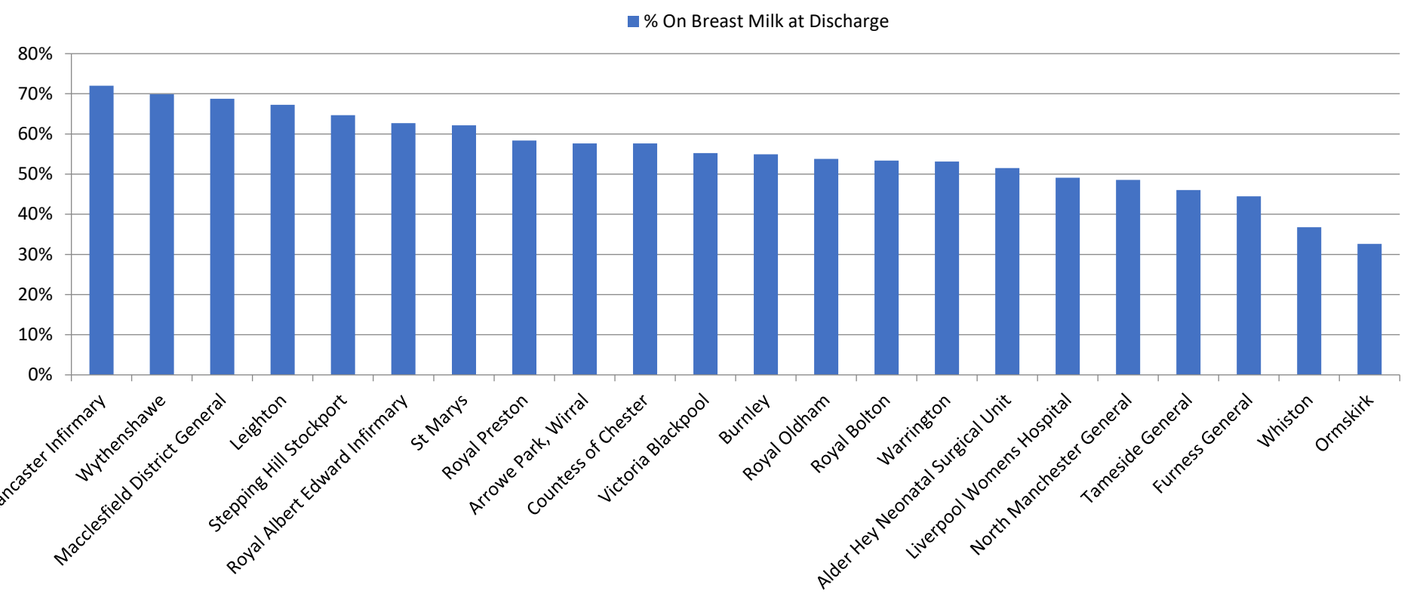
Breast Milk at Discharge < 34 Weeks and all Gestations
1st Jul to 31st Dec 2023





Lancashire and South Cumbria Integrated Care Partnership

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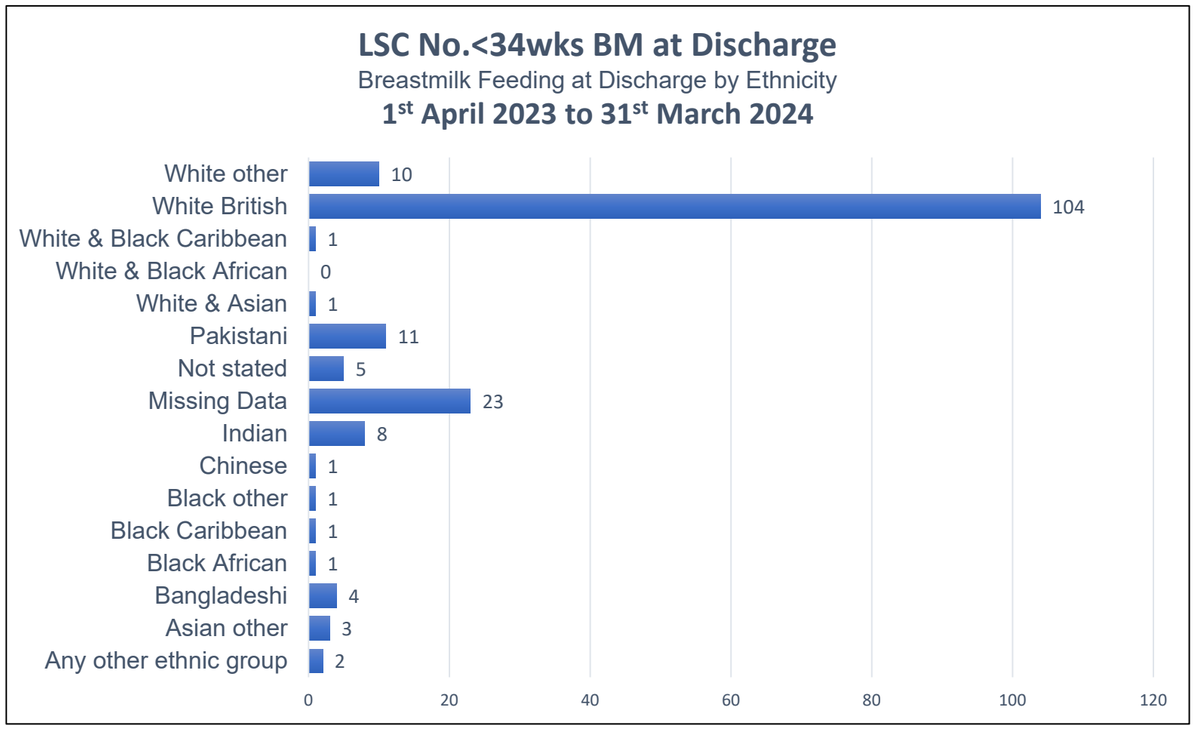
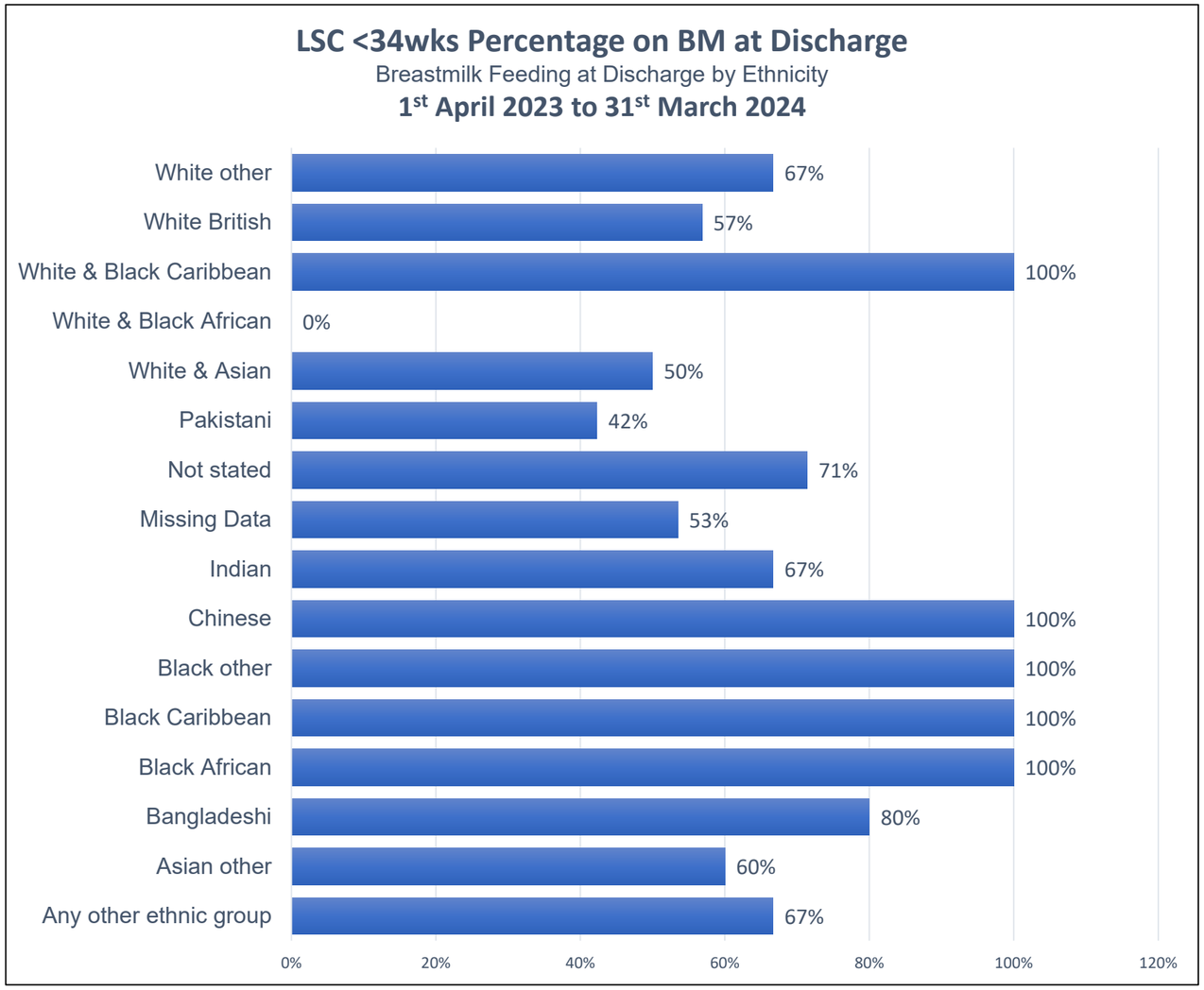
Breast milk at discharge by ethnicity <34 wks only

(Only included babies discharged home. Some will have transferred to paediatrics or out of area and are not included).

	No.<34wks BM at discharge	No. of eligible babies	Percentage on BM at discharge
Burnley	59	111	53%
Furness General	10	17	59%
Royal Lancaster Infirmary	28	43	65%
Royal Preston	47	80	59%
Victoria Blackpool	32	56	57%
Lancashire and South Cumbria	**176**	**307**	**57%**





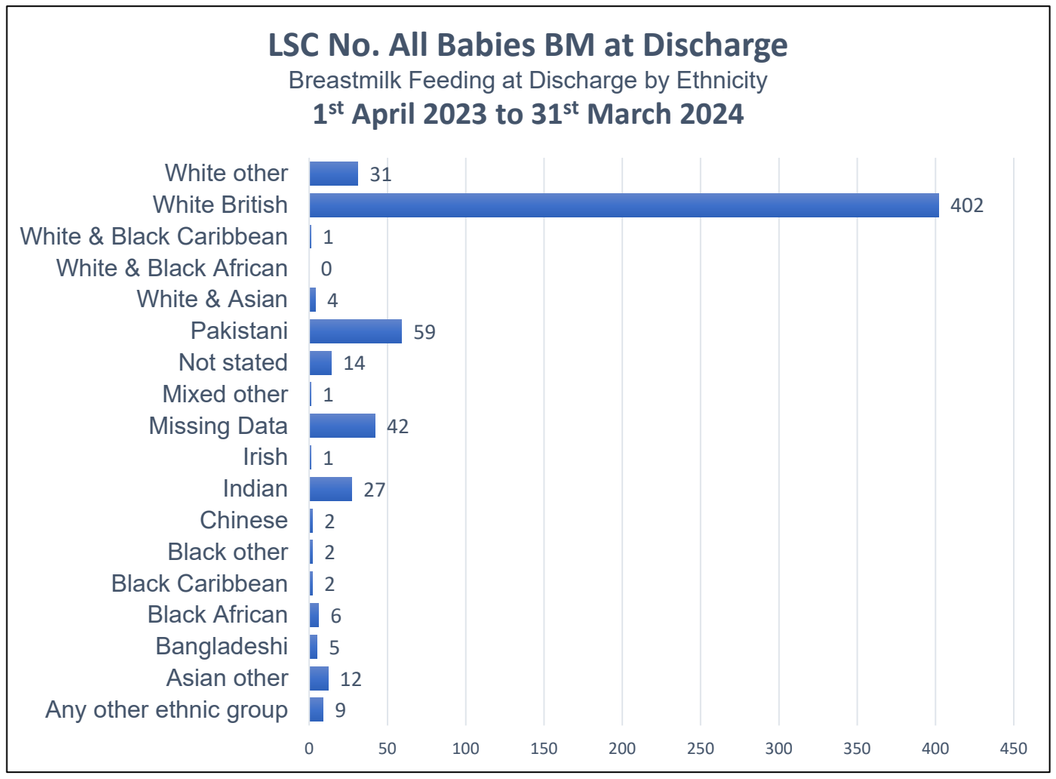
Lancashire and South Cumbria Integrated Care Partnership

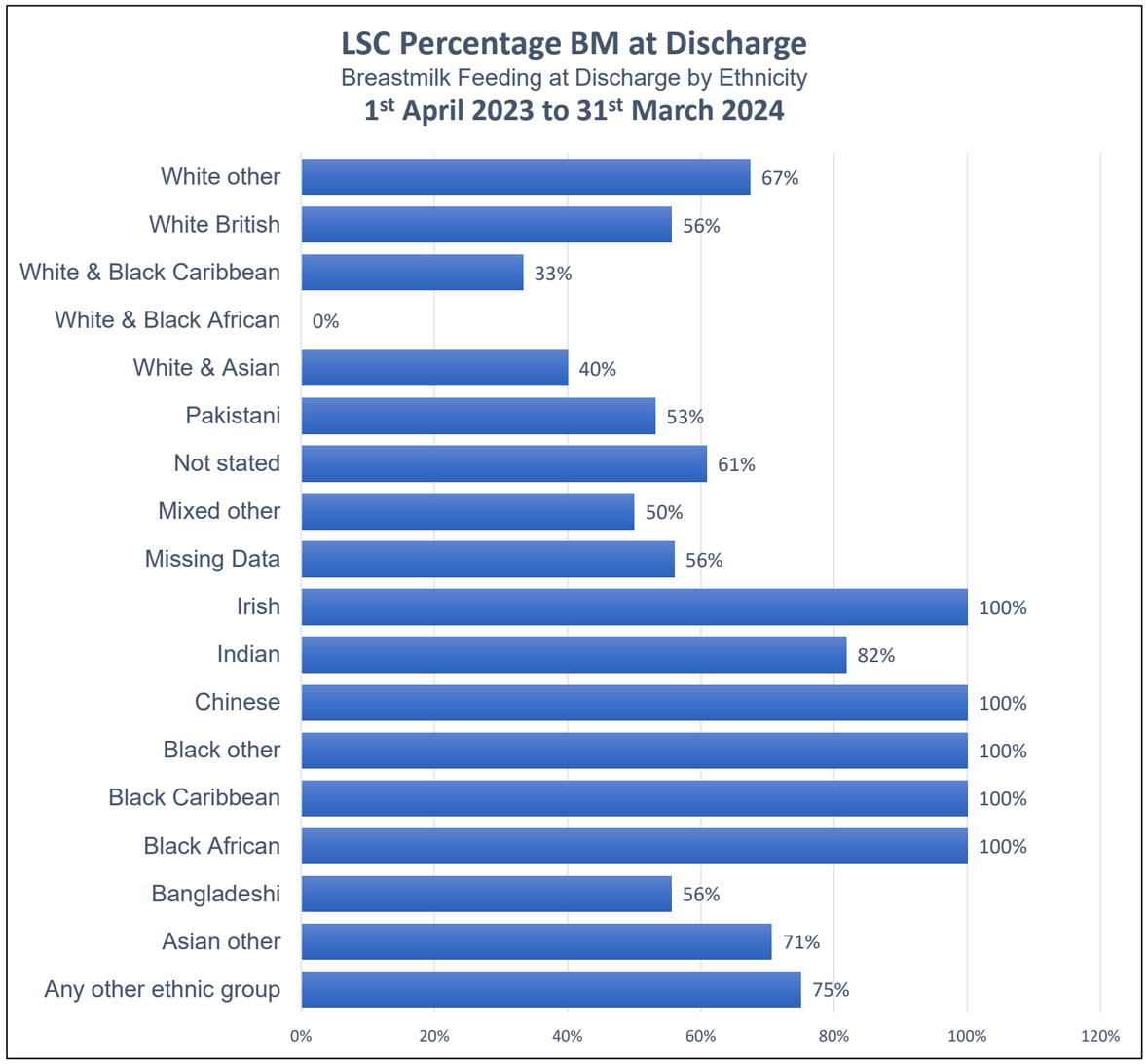
Lancashire and South Cumbria Integrated Care Board

Breast milk at discharge by ethnicity all gestations

(Only included babies discharged home. Some will have transferred to paediatrics or out of area and are not included).

	No. BM at discharge	No. of eligible babies	Percentage on BM at discharge
Burnley	269	492	55%
Furness General	24	48	50%
Royal Lancaster Infirmary	77	109	71%
Royal Preston	131	222	59%
Victoria Blackpool	119	207	57%
Lancashire and South Cumbria	**620**	**1078**	**58%**





Lancashire and South Cumbria Integrated Care Partnership

Achieving Equality: System-wide Intervention 1

Pan-System Infant Feeding Network

Lancashire and South Cumbria Integrated Care Board

Vision:

Every pregnant woman, new mother, infant and their family in Lancashire and South Cumbria is cared for by maternity, health visiting, neonatal and family hub / early help services that are BFI accredited by April 2027.

Objective:

Co-ordinate the infant feeding and BFI strategic agenda and operational activity across the Lancashire and South Cumbria footprint to improve health outcomes, reduce inequalities, highlight gaps in provision and optimise on economies of scale by pooling learning, expertise, activity and resources.

Integrated Care Partnership

Achieving Equality: System-wide Intervention 1

Pan-System Infant Feeding Network

Lancashire and South Cumbria Integrated Care Board

Infant Feeding Leads from:
Maternity
Neonatal
Health Visiting
Paediatrics
Family Hubs / Early Help

BFI Guardians and Strategic Leads

Service User Representatives

Blackpool Better Start

Local Authority Commissioners / Public Health Leads

Baby Friendly Together
Feeding and relationship building: forming foundations for life

University BFI Leads

Guest members:
Paediatric Dietetics
SALT
Pharmacists

Peer Support Providers

LMNS Leads

Lancashire and South Cumbria Integrated Care Partnership

Achieving Equality: System-wide Intervention 2

Co-producing System-wide Infant Feeding Strategy

Lancashire and South Cumbria Integrated Care Board

Lancashire and South Cumbria Integrated Care Partnership

Lancashire and South Cumbria Integrated Care Board

Lancashire and South Cumbria Integrated Care Partnership Breastfeeding and Infant Feeding Strategy & Action Plan

Publication Date: 29th April 2024

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mbria
Integrated Care Partnership

Achieving Equality: System-wide Intervention 3

Co-producing System-wide Infant Feeding Policy and Guidelines

NHS
Lancashire and South Cumbria
Integrated Care Board

Baby Friendly Together
Feeding and relationship building: forming foundations for life

NHS
Lancashire and South Cumbria
Integrated Care Board

Lancashire and South Cumbria
Infant Feeding Network
Infant Feeding and Relationship Building Policy and Associated Guidelines

Version 3.2, February 2025

www.maternityresourcehub.com/our-priorities/prevention/infant-feeding

Baby Friendly Together
Feeding and relationship building: forming foundations for life

NHS
Lancashire and South Cumbria
Integrated Care Board

LANCASHIRE AND SOUTH CUMBRIA MATERNITY AND NEWBORN ALLIANCE
POLICY AND GUIDELINE CONTENTS

Lancashire and South Cumbria
Integrated Care Partnership

Achieving Equality: System-wide Intervention 4

Co-producing System-wide Infant Feeding Training

NHS
Lancashire and South Cumbria
Integrated Care Board

Month	Day 1	Day 2	Lead Provider	Trainers	Venue	Times	Max Number	Booking System (insert link)	Notes
May	13th	14th	ELHT / BwD				18		
June	6th	13th	Virgin		Moor Nook YPC	09:30 - 16:30			
	24th	25th	ODGH	Lesley + Pippa	ODGH				? Any places left
July	2nd	3rd	LTHTR	Laura + Kairen	RPH Education Centre 1	08:30 - 16:30	15		
	10th	24th	BTH						
	15th	26th	UHMB						
August									
September	11th	12th	ELHT / BwD				18		
	23rd	30th	UHMB						
	30th September	7th October	LTHTR	Laura + Kairen	RPH Education Centre 1	08:30-16:30	15		
October	11th	21st	Virgin / UCLan		UCLan	09:00 - 16:30			? open to wider LMS - Megan to check with UCLan
	18th	21st	UHMB						
November	4th	29th	UHMB						
	5th	11th	LTHTR	Laura + Kairen	RPH Education Centre 1	08:30-16:30	15		
December	2nd	16th	UHMB						
	4th	5th	ELHT / BwD						
	9th	11th	LTHTR	Laura + Kairen	RPH Education Centre 1	08:30 - 16:30	15		

Lancashire and South Cumbria
Integrated Care Partnership

Achieving Equality: System-wide Intervention 5

International Board-Certified Lactation Consultants in all Midwifery, Health Visiting and Neonatal Services

NHS
Lancashire and South Cumbria
Integrated Care Board

Trained x number 2020/2021	Exams taken 2021	Integration in Services 2021 / 2022	Supervision Embedded 2022	MAINN Conference May 2025	Pharmacology Training April and May 2025	GOLD Lactation Training June 2025 onwards

Lancashire and South Cumbria
Integrated Care Partnership

Achieving Equality: System-wide Intervention 6

Achieving BFI Accreditation Pan-System

Lancashire and South Cumbria Integrated Care Board

Driver:

Three-year Delivery Plan for Maternity and Neonatal: achieve full BFI accreditation by Q4 2026/2027

however

Local Target:

System-wide (maternity, neonatal, health visiting, family hub services, universities) achievement of full BFI accreditation by Q4 2026/2027

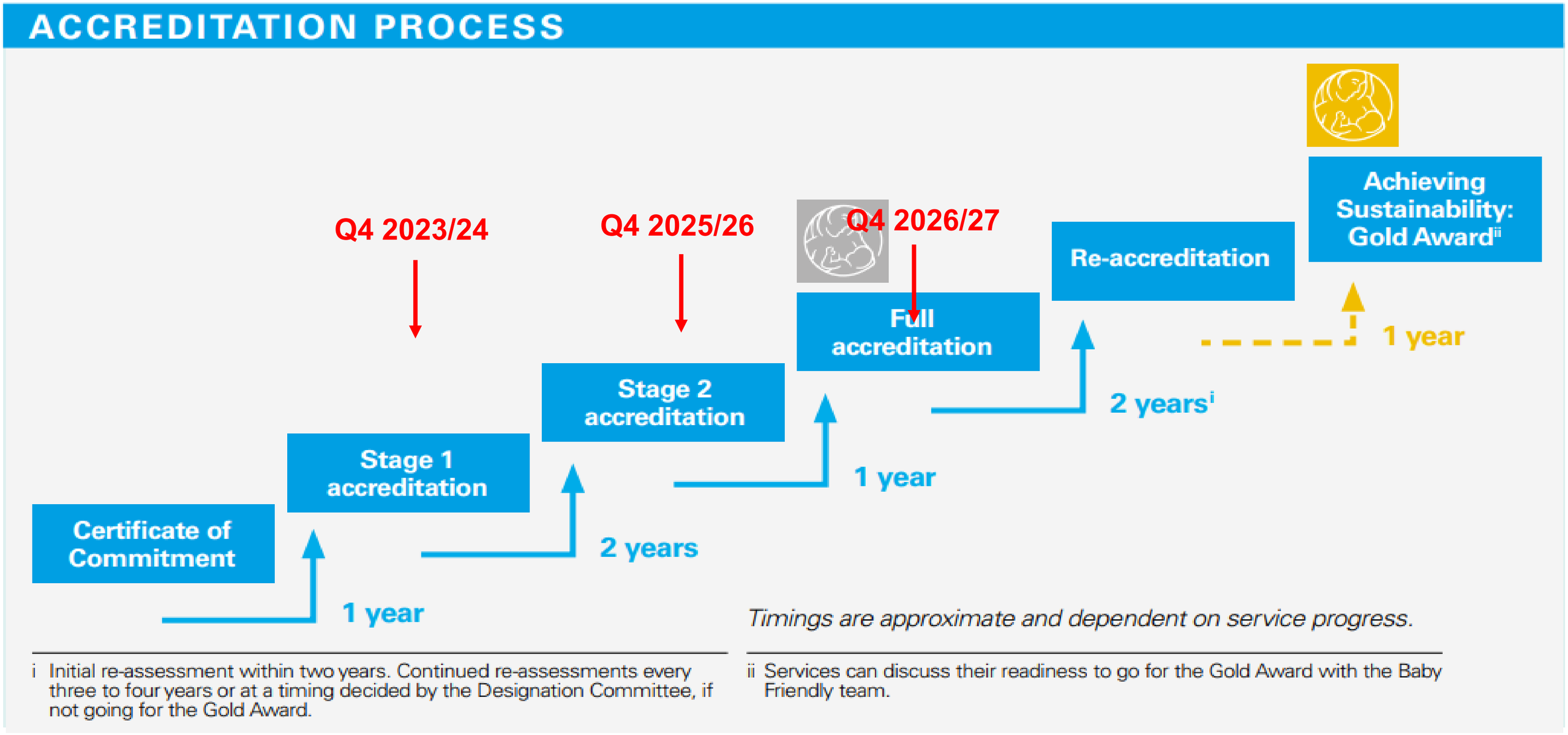
Lancashire and South Cumbria Integrated Care Partnership

Achieving Equality: System-wide Intervention 6

Achieving BFI Accreditation Pan-System

Lancashire and South Cumbria Integrated Care Board

Timeline required to ensure achievement of local target



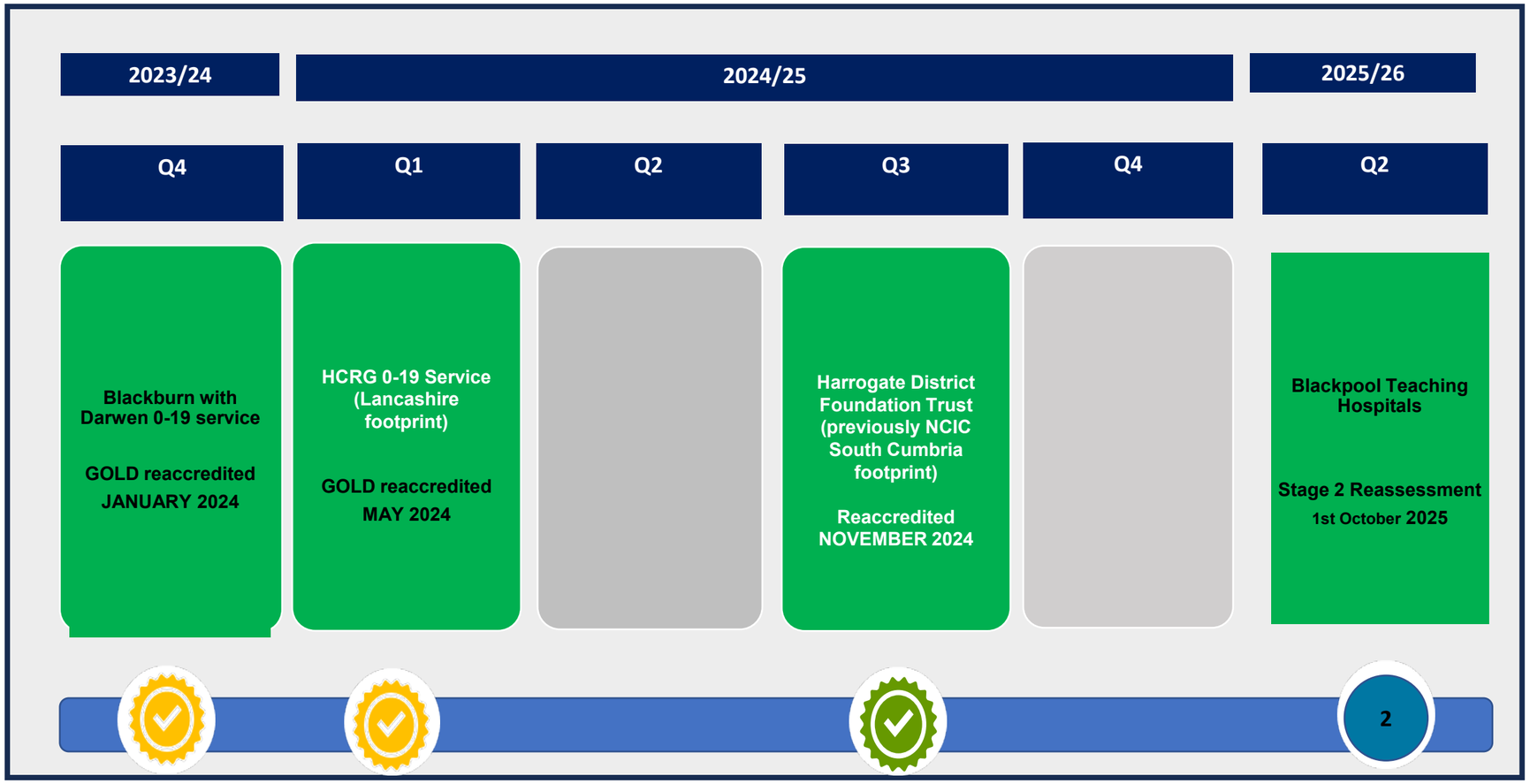
Lancashire and South Cumbria Integrated Care Partnership

Lancashire and South Cumbria Integrated Care Board

Achieving Equality: System-wide Intervention 6

Achieving BFI Accreditation Pan-System

Community (Health Visiting and Family Hub services)



KEY:
- Service GOLD Accredited
- Service Fully Accredited or Reaccredited
- 2 — Stage achieved
- Assessment scheduled
- 2 — Working to Stage assessment recommendations
- Delay / at risk

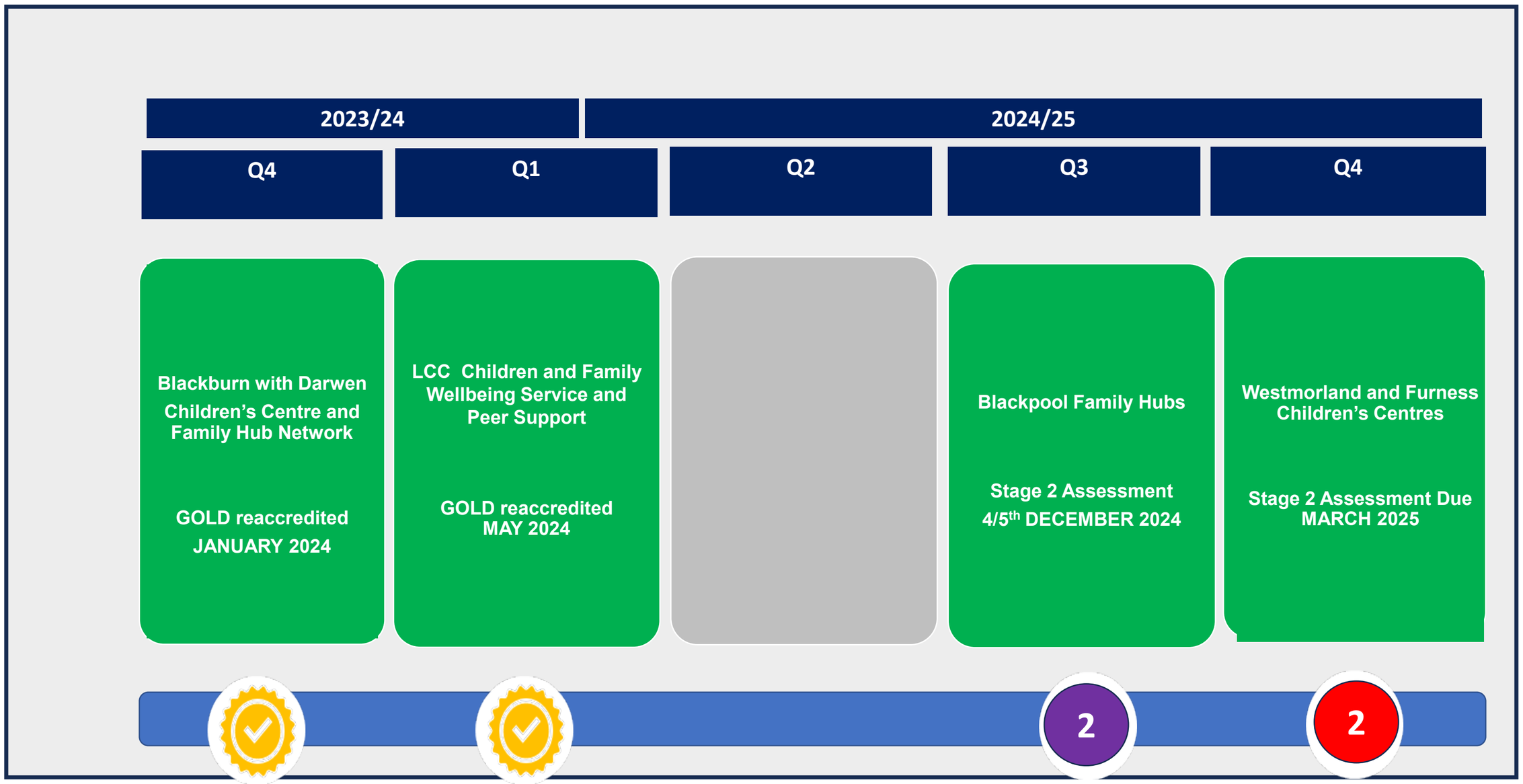
Lancashire and South Cumbria Integrated Care Partnership

Achieving Equality: System-wide Intervention 6

Achieving BFI Accreditation Pan-System

Lancashire and South Cumbria Integrated Care Board

FAMILY HUBS / CHILDREN'S CENTRES



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- Service Fully Accredited or Reaccredited
- 2 Stage achieved
- Assessment scheduled
- 2 Working to Stage assessment recommendations
- Delay / at risk

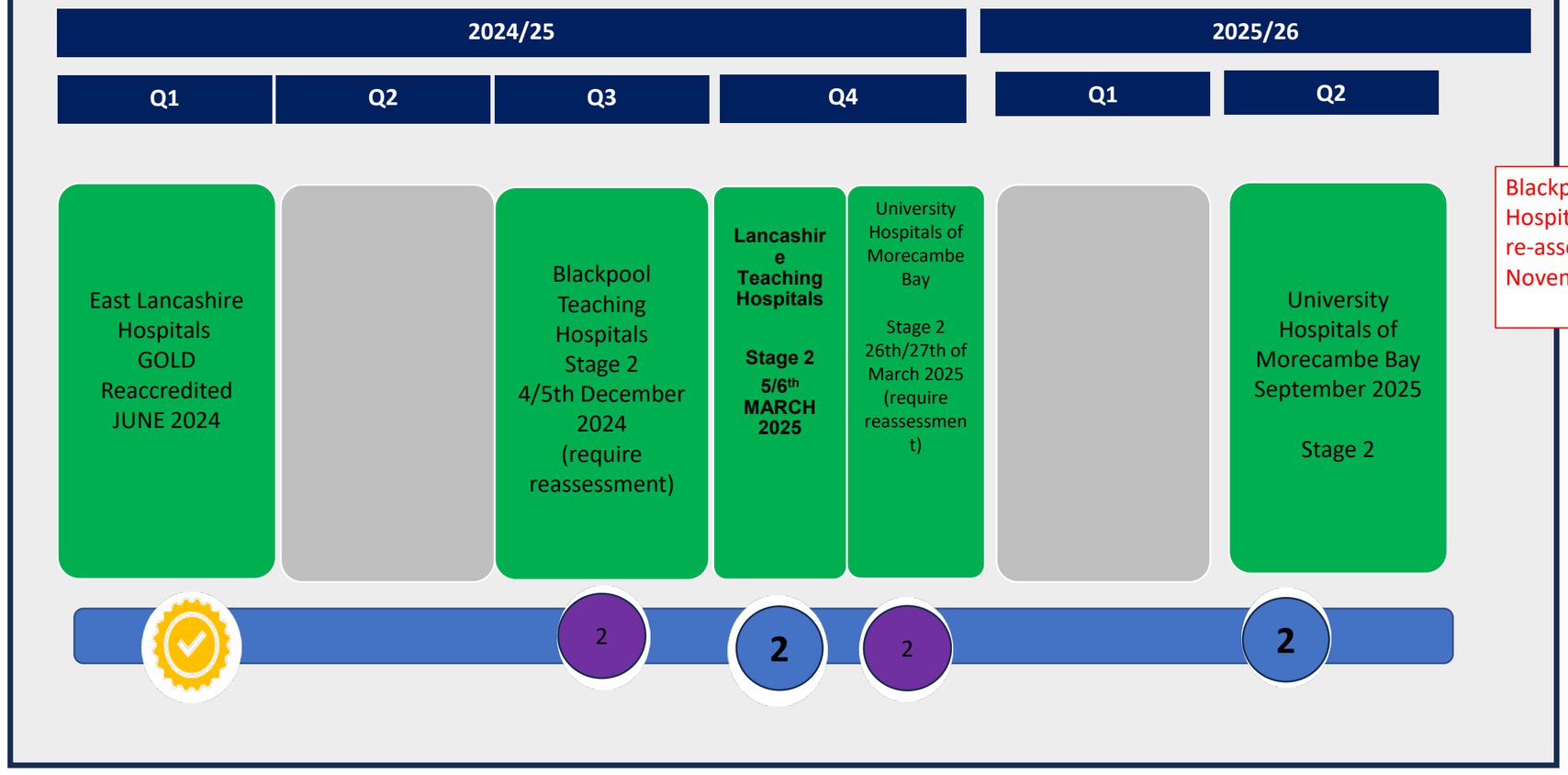
Lancashire and South Cumbria Integrated Care Partnership

Lancashire and South Cumbria Integrated Care Board

Achieving Equality: System-wide Intervention 6

Achieving BFI Accreditation Pan-System

MATERNITY



Blackpool Teaching Hospitals stage 2 re-assessment November 2025

KEY:
- Service GOLD Accredited
- Service Fully Accredited or Reaccredited
- 2 Stage achieved
- Assessment scheduled
- 2 Working to Stage assessment recommendations
- Delay / at risk

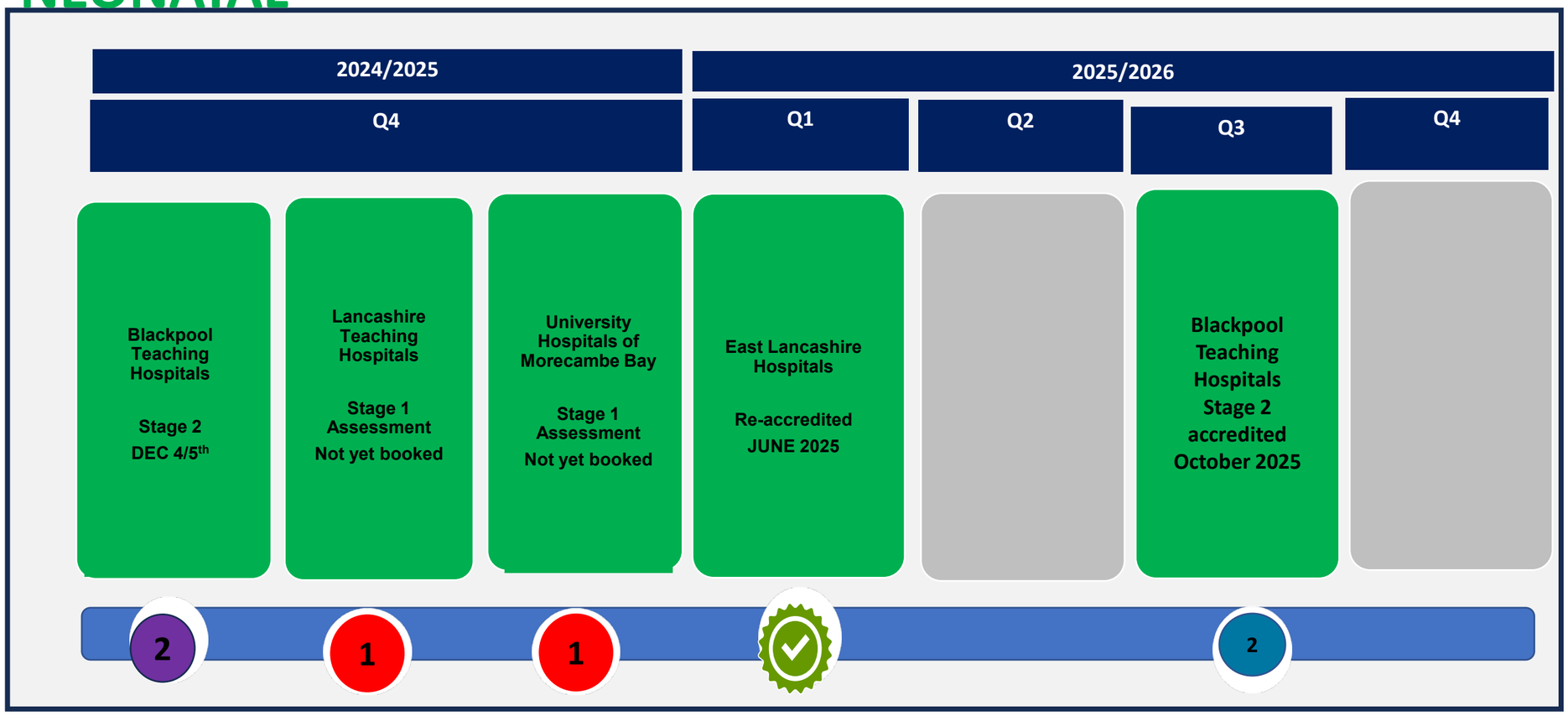
Lancashire and South Cumbria Integrated Care Partnership

Achieving Equality: System-wide Intervention 6

Achieving BFI Accreditation Pan-System

Lancashire and South Cumbria Integrated Care Board

NEONATAL



KEY:
- Service GOLD Accredited
- Service Fully Accredited or Reaccredited
- 2 — Stage achieved
- Assessment scheduled
- 2 — Working to Stage assessment recommendations
- Delay / at risk

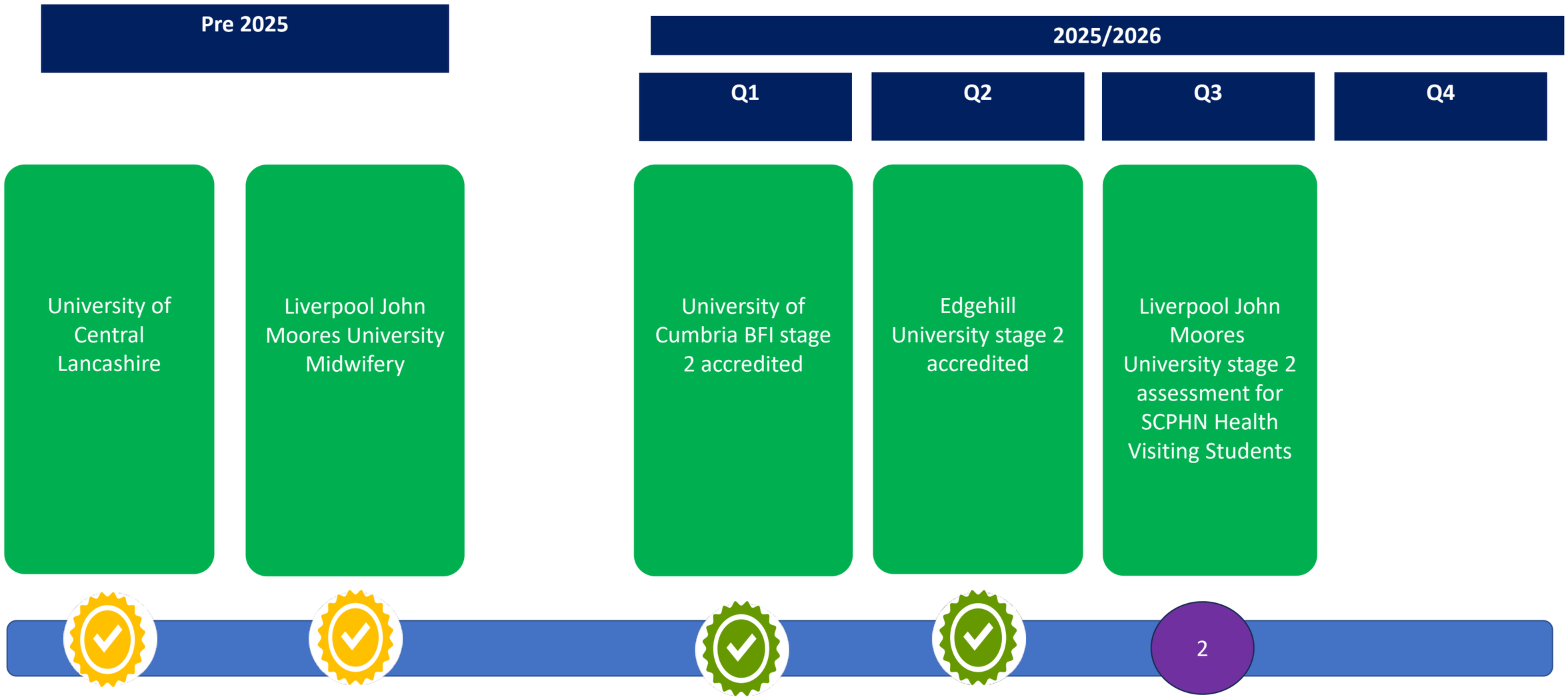
Lancashire and South Cumbria Integrated Care Partnership

Achieving Equality: System-wide Intervention 6

Achieving BFI Accreditation Pan-System

Lancashire and South Cumbria Integrated Care Board

Universities



Lancashire and South Cumbria Integrated Care Partnership

Achieving Equality: System-wide Intervention 7

Anya App Implementation - System-wide

Lancashire and South Cumbria

Lancashire and South Cumbria
Integrated Care Partnership

Achieving Equality: System-wide Intervention 7

Anya App Implementation - System-wide

Lancashire and South Cumbria Integrated Care Board

anya

An increasing challenge to provide families with the support they need.

The Problems:

1. Inequalities in maternal health outcomes

Black women in the UK are 4x more likely to die in pregnancy or childbirth than white women—many deaths are preventable with better support.

(MBRRACE-UK Report, Oct 2024)

2. Social deprivation / regional variations in breastfeeding

England has one of the world's lowest breastfeeding rates with just 52.7% babies receiving *any* breastmilk at 6 weeks, dropping to c. 35% in some regions.

(GOV.UK Official Statistics, Nov 2024)

3. Antenatal education

36% of pregnant women in England miss out on early antenatal education, leaving them uninformed and unprepared for birth and postnatal care.

(NHS Digital, July 2024)

Achieving Equality: System-wide Intervention 7

Anya App Implementation - System-wide

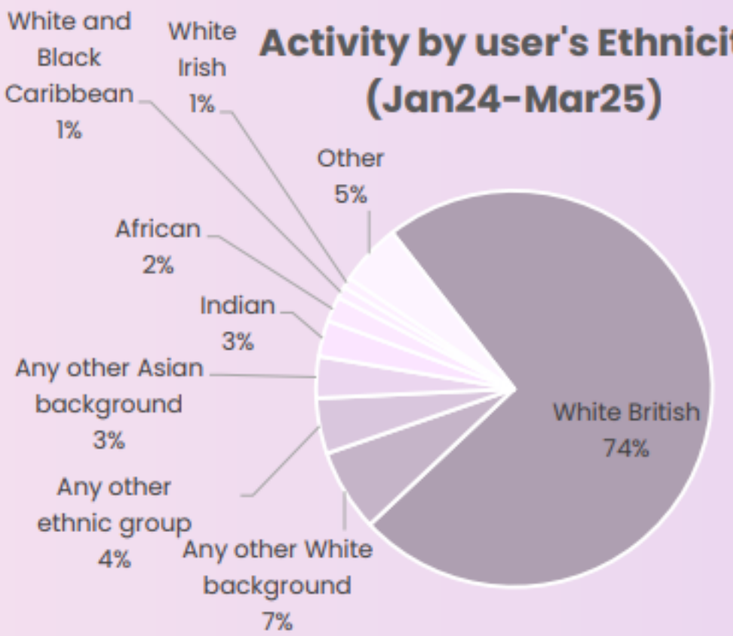
Lancashire and South Cumbria Integrated Care Board

anya

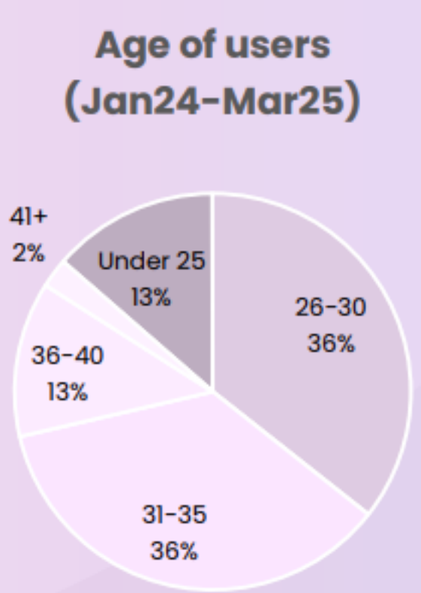
Uptake and Activity.

Anya has been well-adopted by a range of ages, ethnicities and economic backgrounds, making it a great way to reach those who, traditionally, are less likely to access in-person services.

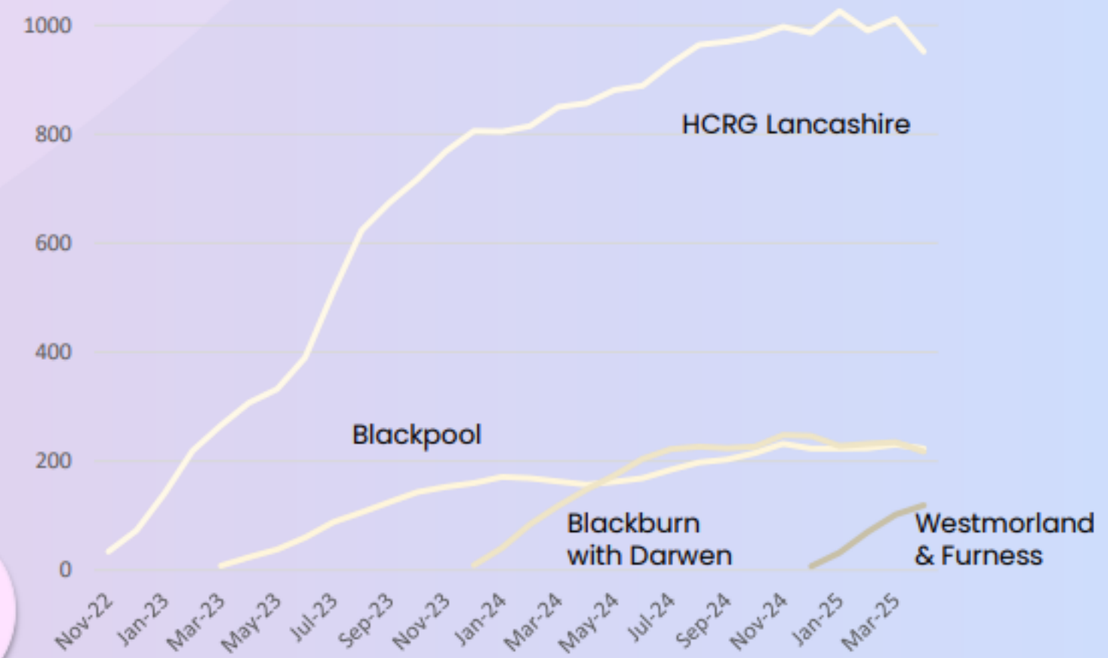
Activity by user's Ethnicity (Jan24-Mar25)



Age of users (Jan24-Mar25)



Active subscriptions for all areas



New users from IMD1+2: 50.7%

Active users from IMD1+2: 44.7%

Average signups as % of births 15.7%

Funded by SBRI Healthcare, Anya's 2024/25 Greater Manchester & East Cheshire ICS pilot was independently evaluated by Unity Insights.

SBRI HEALTHCARE Unity Insights

Lancashire and South Cumbria Integrated Care Partnership

Achieving Equality: System-wide Intervention 7

Anya App Implementation - System-wide

Lancashire and South Cumbria Integrated Care Board

anya

What parents are looking for on Anya

Antenatal parents

- Newborn care and feeding: preparation for feeding, antenatal colostrum banking -> preparing for successful breastfeeding
- Conception and early pregnancy -> highlighting the importance of maternity care
- Health issues in the 3rd trimester -> supporting a healthy pregnancy
- Recovery after birth -> informing birth choices and preparing for the postnatal period

Postnatal parents

- Newborn care: unsettled babies, baby poo gallery, sleep, infant weight gain -> building self-efficacy in baby care
- Breastfeeding: concerns about nipples, breastmilk supply concerns, alcohol and breastfeeding, suckling patterns -> timely, evidence-based support to help continuation of breastfeeding
- Other feeding methods: expressing, bottlefeeding preference -> ensuring all parents are supported to feed their baby safely
- Recovery after birth -> supporting maternal and infant wellbeing, reducing pressure on the healthcare system

"I've used the AI for simple questions rather than Googling and getting lots of different opinions."
– H, mum from HCRG Lancs exclusively breastfeeding a 0-4 week old

Achieving Equality: System-wide Intervention 7

Anya App Implementation - System-wide

Lancashire and South Cumbria Integrated Care Board

anya

Aligned with Public Sector Goals – evaluation outcomes

Anya directly supports the NHS in achieving critical priorities for families.

- Reducing healthcare inequalities
- Enhancing perinatal and postnatal support
- Improving user health literacy to stay well
- Boosting self-efficacy reducing non-routine appointments

Antenatal usage drives Health Economic Benefits*:

- For every **£1 invested** in Anya = **£5 NHS savings** in 5 years.
- **£319k saved** from avoidable community appointments **by reducing unnecessary F2F interactions.**
- **42%** decrease in **unplanned C-Sections**
- **10% increase** in parents confident in **making informed birth choices**.
- Informed parents = **fewer interventions**, lower hospital costs.

NHS

NHS long-term plan alignment:

Reducing Health Inequalities – Ensuring accessible, culturally tailored support for hardly reached communities.

Improving Maternity & Neonatal Care – Enhancing postnatal experiences, increasing breastfeeding rates, and boosting parental self-efficacy.

Empowering Families with Digital Tools – 24/7 AI-driven support to improve engagement and self-management.

Easing Pressure on NHS Services – Reducing avoidable GP, A&E, and 111 visits through proactive education and early intervention.

Public Sector Presentation, 2025

Funded by SBRI Healthcare, Anya's 2024/25 Greater Manchester & East Cheshire ICS pilot was independently evaluated by Unity Insights.

SBRI HEALTHCARE

Unity Insights

Lancashire and South Cumbria Integrated Care Partnership

Achieving Equality: System-wide Intervention 7

Anya App Implementation - System-wide

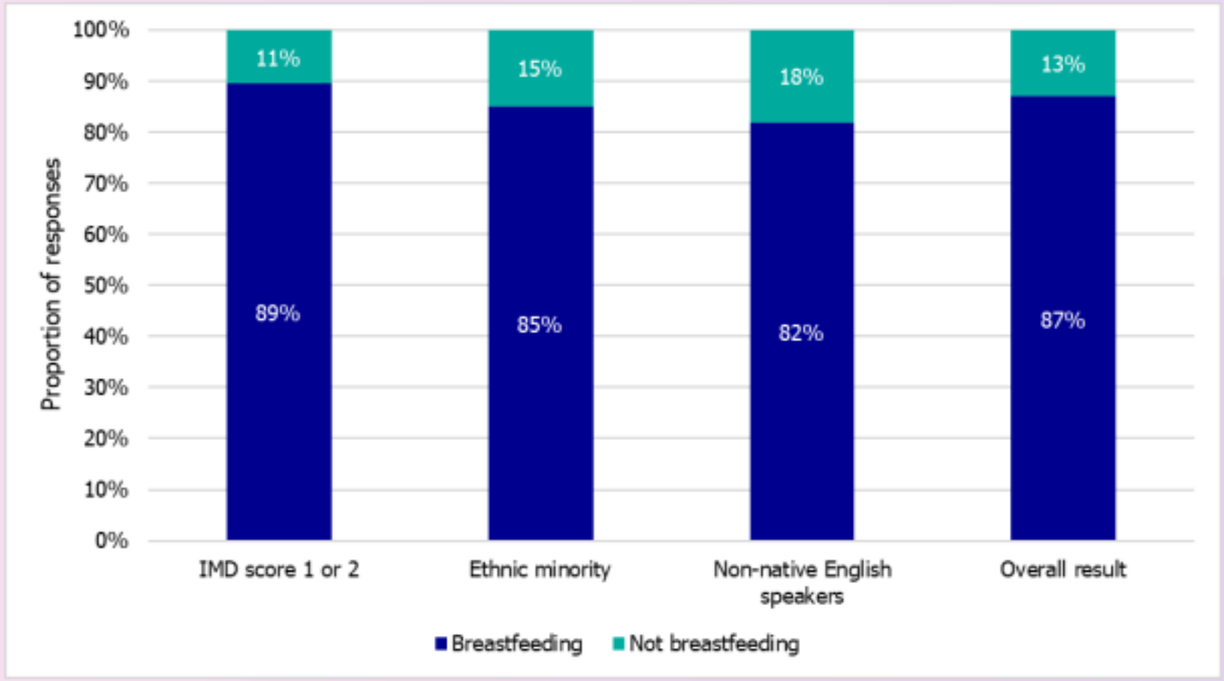
Lancashire and South Cumbria Integrated Care Board

anya

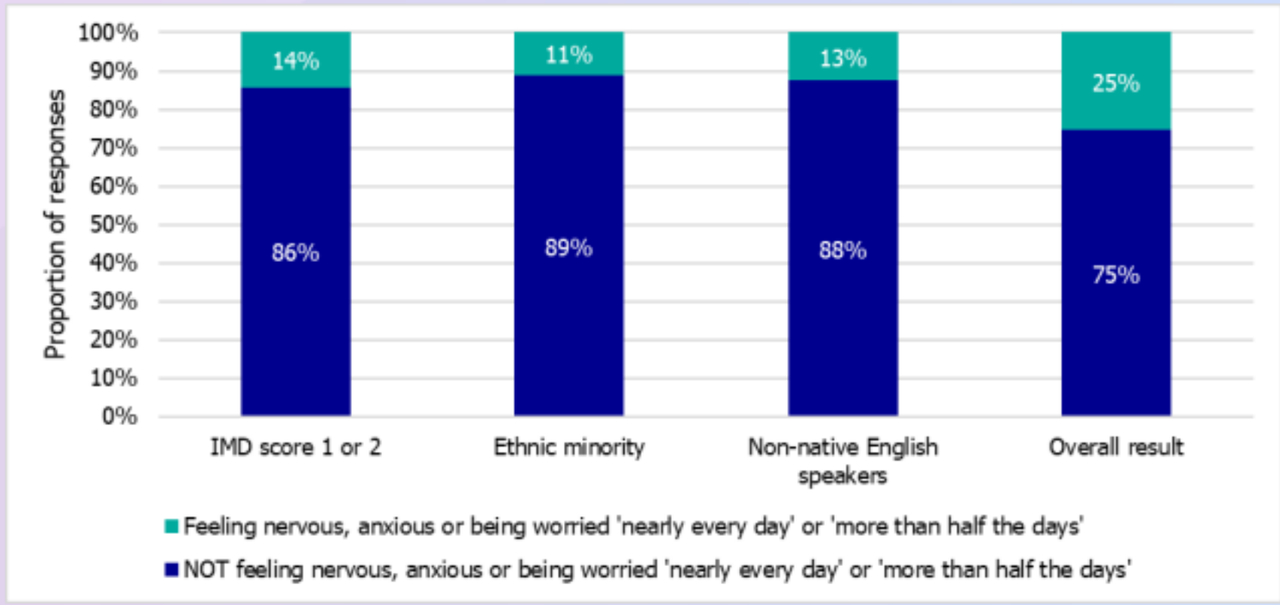
Levelling the playing field for health inequality groups

Our results show minimal variation in **breastfeeding** or **mental health** figures when comparing health inequality groups to other Anya users

Feeding pattern inequalities from those over 6-weeks postpartum in the second service user survey (IMD score: *n* = 19; ethnic minority: *n* = 20; non-native English speaker: *n* = 11).



Mental wellbeing inequalities on second survey responses from those completing both surveys (IMD score: n = 15; ethnic minority: n = 9; non-native English speaker: n = 8).



Funded by SBRI Healthcare, Anya's 2024/25 Greater Manchester & East Cheshire ICS pilot was independently evaluated by Unity Insights.

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South Cumbria Integrated Care Partnership

Achieving Equality: System-wide Intervention 7

Anya App Implementation - System-wide

Lancashire and South Cumbria Integrated Care Board

anya

Signing up Antenatally Improves ROI.

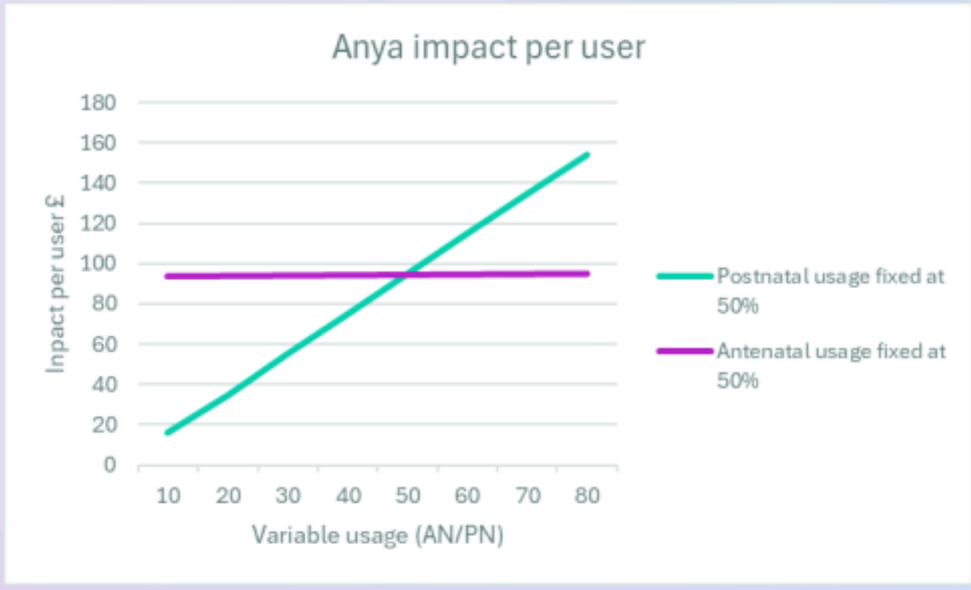
Antenatal app users benefit from enhanced education opportunities during pregnancy, complementing their in-person care.

This has been shown to decrease the number of:

- Unplanned c-sections
- Non-routine/unnecessary appointments
- Patients requiring low intensity mental health treatment

Leading to cost savings for the System.

Increasing Antenatal usage is the most impactful way to increase cost savings and improve user outcomes. The graph shows how increasing either antenatal or postnatal usage changes the ROI per user of the app.



"It's made me feel more confident about breast feeding and what signs to look for to ensure a good latch. The app is very informative and helpful in easing my anxiety about certain stages of the end of pregnancy and the labour process."

S, HCRG parent in 3rd trimester

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New and Coming Soon in Anya.

An overview of content and features in the app.

> "It's a great way to find useful and reliable information about parenting and breastfeeding"
>
> B, parent from HCRG Lancs exclusively breastfeeding a 5-8 week old

NEW

Features
- Antenatal programme (with birth planning tool)
- Postnatal programme (customised to feeding choices)
- Arabic language released
- Local signposting article

Content
- Food and nutrition in early years
- The 2nd year of parenting

COMING IN Q2-4 2025

Features
- Urdu, Bengali and further languages in pipeline
- Postnatal trackers
- Onboarding improvements
- Brand refresh and updated app look and feel
- 4-6 month programme (including starting solids)
- 6-12 month parenting programme
- HCP CPD programme

Content
- Perinatal mental health
- Relationship building
- Early years sleep
- Feeding choices
- Maternal health (including obesity)
- SCBU/NICU babies
- Signposting to local and national support and services

Ongoing: 1,001 days content improvements and expansions and improvements to AI virtual supporter content

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Reducing Inequities: Targeted Interventions - 1:

Place-based Action Plans

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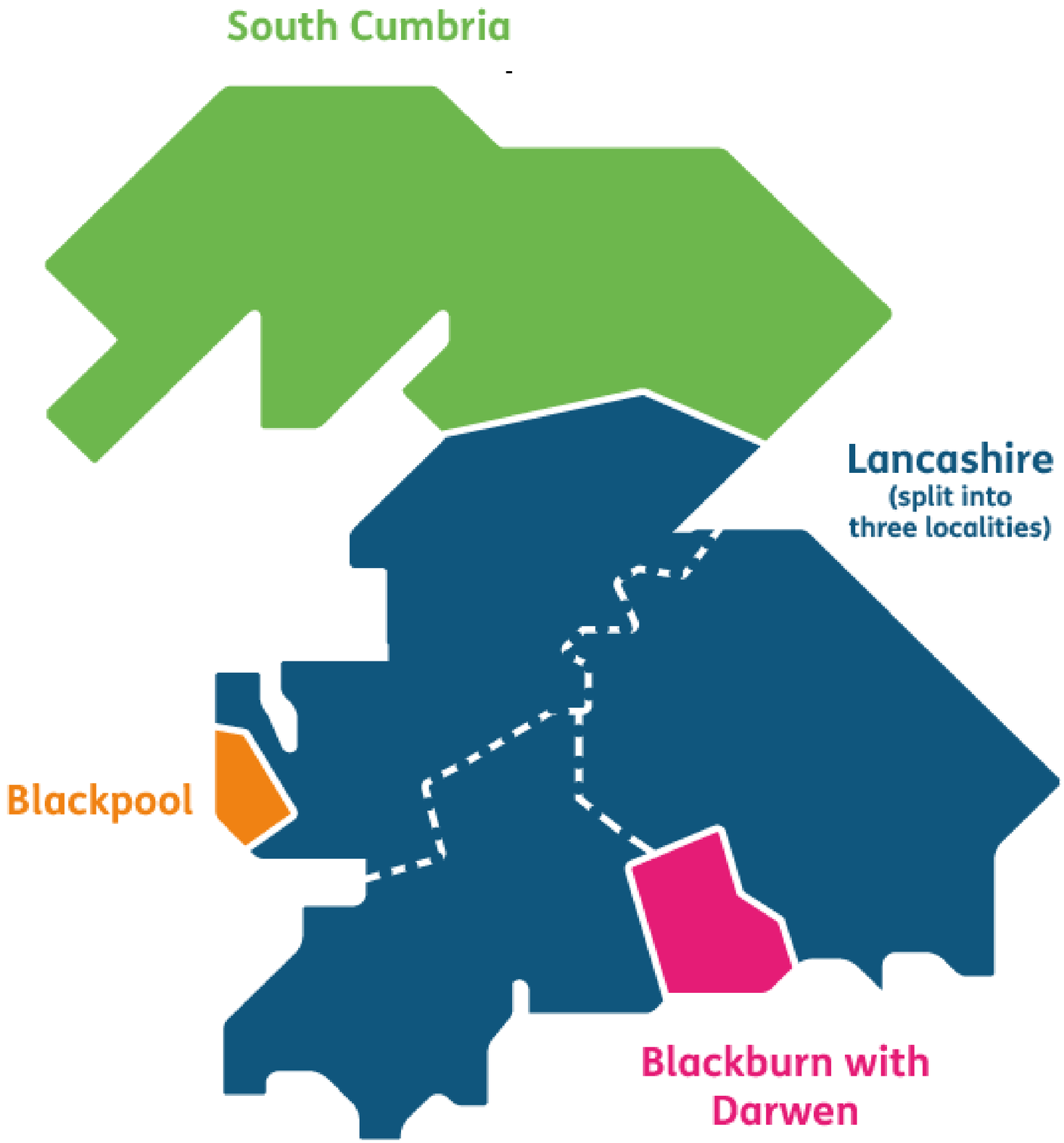

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Reducing Inequities: Targeted Interventions - 2:

Breastfeeding Friendly Borough – Blackburn with Darwen

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Aspiration and Innovation – please listen to podcast

https://anchor.fm/east-lancashire-hospitals-nhs-trust/episodes/Helping-Blackburn-with-Darwen-become-a-Breastfeeding-Friendly-Borough---World-Breastfeeding-Awareness-Week-e1lrdo3/a-a8ajl4a

Reducing Inequities: Targeted Interventions - 2:

Breastfeeding Friendly Borough – Blackburn with Darwen

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What Does Our Community Say?

Reducing Inequities: Targeted Interventions – 3:

Asylum Seeker Hotel: Ensuring WHO Code Compliance and Optimal Support – Leyland, Central Lancashire

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Protecting families living in temporary accommodation from the harmful impact of marketing by commercial milk formula companies

The expected project outcome: *For displaced refugee or asylum seeking families and babies to be protected from the harmful effects of formula marketing in all community areas where they receive support. For them to be able to receive evidenced based information and support with responsive feeding and parenting both antenatally and postnatally.*

Challenges that may be faced by families in temporary accommodation

Families living in temporary accommodation in the UK face multiple challenges such as barriers to accessing public health services and health care, limited or no access to public funds, limited physical resources and the harmful impact of marketing by commercial milk formula companies.

In addition to this, in our local temporary accommodation facility, "The Hotel", staff were unaware of the WHO Code, and the UNICEF BFI standards, which resulted in milk formula being visible in the reception/foyer area. This could undermine breastfeeding promotion, create confusion about feeding options, and influence parental choices through the endorsement of a particular (expensive) brand, available in stages 1, 2, 3 and 4, which is in conflict with the evidence base.

The infant feeding team and fellow health professionals felt that keeping formula out of sight helps maintain a supportive environment for breastfeeding and reduces unnecessary formula dependency among parents.

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Reducing Inequities: Targeted Interventions – 3:

Asylum Seeker Hotel: Ensuring WHO Code Compliance and Optimal Support – Leyland, Central Lancashire

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1

Health professional with knowledge of WHO Code visited The Hotel and identified milk formula was visible in the foyer/reception area. They escalated this to the infant feeding team responsible for implementing Baby Friendly Standards in the community.

Infant feeding team discussed with the BFI Guardian who quickly responded by engaging key public health colleagues.

2

People and Policy:

Infant feeding team established a stakeholder working group (for members please see below), identified local and national guidance, and held an initial stakeholder meeting, which are still ongoing.

Discussions with First Steps Nutrition around the development of resources for colleagues.

3

Key priorities identified:

Formula stored in a place that is accessible but not visible in communal areas.

Evidence based practice informed procurement of first stage formula only.

The knowledge and skills of the Hotel staff & the role they play in creating a culture that protects optimal infant feeding.

4

Key priorities addressed:

Milk formula moved to non-visible location immediately.

Procurement of formula milk focussed on first stage formula only, unless specified by health professional.

Families wishing to introduce cow's milk alongside breastfeeding, or to replace formula feeding, from the age of one year, were reassured that cow's milk is pasteurised in the UK and is safe.

Commitment from the organisation operating The Hotel that all relevant staff have infant feeding training. Training package developed, and processes put in place for ongoing delivery of this. Infant feeding support file and resources in use at The Hotel

5

Measuring outcomes:

Training evaluations from staff.

Visual observations of hotel environment and implementation of the WHO Code.

Informal conversations with families accommodated in The Hotel around their feeding "choices", linking in with the MNVP for further consultation.

Reducing Inequities: Targeted Interventions – 3:

Asylum Seeker Hotel: Ensuring WHO Code Compliance and Optimal Support – Leyland, Central Lancashire

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Stakeholders

Hotel staff, Serco staff, Health Visitors, Midwives, Infant Feeding Team, locally commissioned NCT infant feeding peer support, First Steps Nutrition, Child and Family Wellbeing Service, Refugee Resettlement Partnerships Officer (Lancashire County Council), Health and Asylum Lead (Lancashire County Council), Red Cross, local churches, baby banks, food banks, Maternal and Neonatal Voices Partnership, BFI Guardian, Lancashire and South Cumbria ICB.

What's next?

- Ongoing delivery of staff training until all staff have completed training.
- Train the trainer model to ensure sustainability and timely access for new colleagues, as well as cascading the training more widely within the organisation to colleagues in procurement etc.
- Wider consultation and co-production with families and communities to gain better understanding of feeding practices and support needs.
- To consider representative peer support models.
- To establish a means of collecting data to better understand breastfeeding rates within population group.
- To consider scope to extend work to families living in private accommodation with no recourse to public funding.
- Step outside of the role of "health care professional", develop graphic design skills, present poster at a conference...!

hcrg Care Group

With thanks to all of our colleagues who have supported this project.....

References: First Steps Nutrition guidance: Eating Well for pregnant & breastfeeding women, babies and young children living in temporary accommodation.
Competition and Marketing Authority (CMA) report: Infant formula and follow-on formula market study final report
Lancashire County Council guidance: Resettlement in Lancashire
UNICEF Baby Friendly Initiative: guidance and resources
The WHO code: The International Code of Marketing of Breast-milk Substitutes

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Reducing Inequities: Targeted Interventions – 4:

Specialist Clinic with Peer Support – Ribbleton, Preston and Burnley

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Lancashire Healthy Young People and Families Service

Lancashire County Council

Breastfeeding Clinic

You are here: **Home** / Breastfeeding Clinic

New Clinics! Did you know...?

- You have access to Specialist Breastfeeding Clinics
- These clinics are supported by fully qualified Lactation Consultants
- This service is offered FREE, should you need it, as part of your Lancashire Health Visiting Service

Please note, as this is a specialist service, to discuss your support needs please contact your Health Visitor.

Clinic locations

CENTRAL LANCS: **Ribbleton Neighbourhood Centre**, Ribbleton Hall Dr, Ribbleton, Preston, PR2 6EE.

EAST LANCS: **Tay Street Family Hub** (previously South West Burnley Children's Centre), Tay Street, Burnley, BB11 4BU.

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Reducing Inequities: Targeted Interventions – 5:

Early Colostrum for Preterm Infants - ELHT

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Improving Early Colostrum Provision for Preterm Infants:

A Quality Improvement Project

Lisa Jenkinson, Sue Henry & Frances Pickering
Baby Friendly Leads
ELHT Maternity & NICU

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Who We Are & Where We Are

- East Lancashire Hospitals NHS Trust (ELHT)
- Burnley General Teaching Hospital – Home to our Neonatal Intensive Care Unit (NICU)

About Burnley NICU

- Level 3 NICU – Providing specialist care for premature and critically ill newborns.
- One of the largest NICUs in the North West, supporting babies born as early as 22 weeks gestation.
- 34 cots, including intensive care, high dependency, and special care areas.
- Close links with fetal medicine, maternity, and postnatal services to ensure seamless care from pregnancy to discharge.

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What is PeriPrem?

Our focus

Early colostrum

How?

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What is PeriPrem?

(Perinatal Excellence to Reduce Injury in Premature Birth)

The PERIPrem project was launched by Health Innovation West of England and Health Innovation South-West in April 2020.

It is an integral part of our Maternal and Neonatal Safety Improvement Programme.

PERIPrem is a unique care bundle of 11 perinatal interventions that aims to reduce brain injury and mortality rates amongst preterm babies and uses a multi-disciplinary approach.

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Place of Birth

<27 weeks or
<800G In a tertiary NICU
<28 Weeks if multiple birth
2-3 fold higher risk of severe brain Injury if born in a non-tertiary unit and transferred ex utero

Optimal Cord Management

For all preterm infants born <34 weeks
Delayed cord clamping decreases mortality by nearly a third for preterm infants

Steriods

Everyone expected to give birth <34 weeks gestation within 7 days
Including >22 weeks gestation if for active stabilisation

Thermoregulation

Babies born at <34 weeks
36.5-37.5 ˚C
For every 1 degree decrease in admission temperature mortality increases by 28%

Antenatal Magnesium Sulphate

For all infants <30 weeks gestation
Use of magnesium sulphate in preterm labour reduces the risk of cerebral palsy by 30%

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Maternal early breast milk

Within 6 hours of life for infants <34 wks gestation.

Receiving Breast milk instead of formula

reduces risk of NEC by 38%

Prophylactic hydrocortisone

Administer low dose regime to all infants <28 weeks

Increased survival without BPD

Lower rates of neurodevelopment impairment in 24-25 gestation infants

Volume targeted ventilation

100% of preterm babies who need invasive ventilation to be given volume-targeted ventilation

Reduces death or BPD by 27% and IVH grade 3-4 by 47% compared to pressure limited ventilation modes.

Probiotics

Babies 32 weeks or <1500g birth weight should be commenced once the baby has been on minimal enteral feeds for 24 hours

Probiotics decrease incidence of NEC by two thirds

Caffeine

Babies born at <30 weeks and/or<1500 grams

100% of eligible babies should be started on caffeine as soon as possible.

Fewer days on respiratory support.

Reduced extubation failure within 7 days

Antibiotic Prophylaxis

Women in established preterm labour should receive intrapartum antibiotic prophylaxis to prevent early-onset GBS infection. Proven to reduce neonatal sepsis and improve early health outcomes.

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Early Breast Milk Quality Improvement Project

Due to the numerous benefits (health, social and economic) of colostrum for babies, our Quality Improvement project is focused on the PERIPrem intervention area of Early Maternal Breast Milk within 6 hours of life for infants <34 weeks gestation.

Our primary aim is to increase the number of premature babies receiving mothers' colostrum soon after birth.

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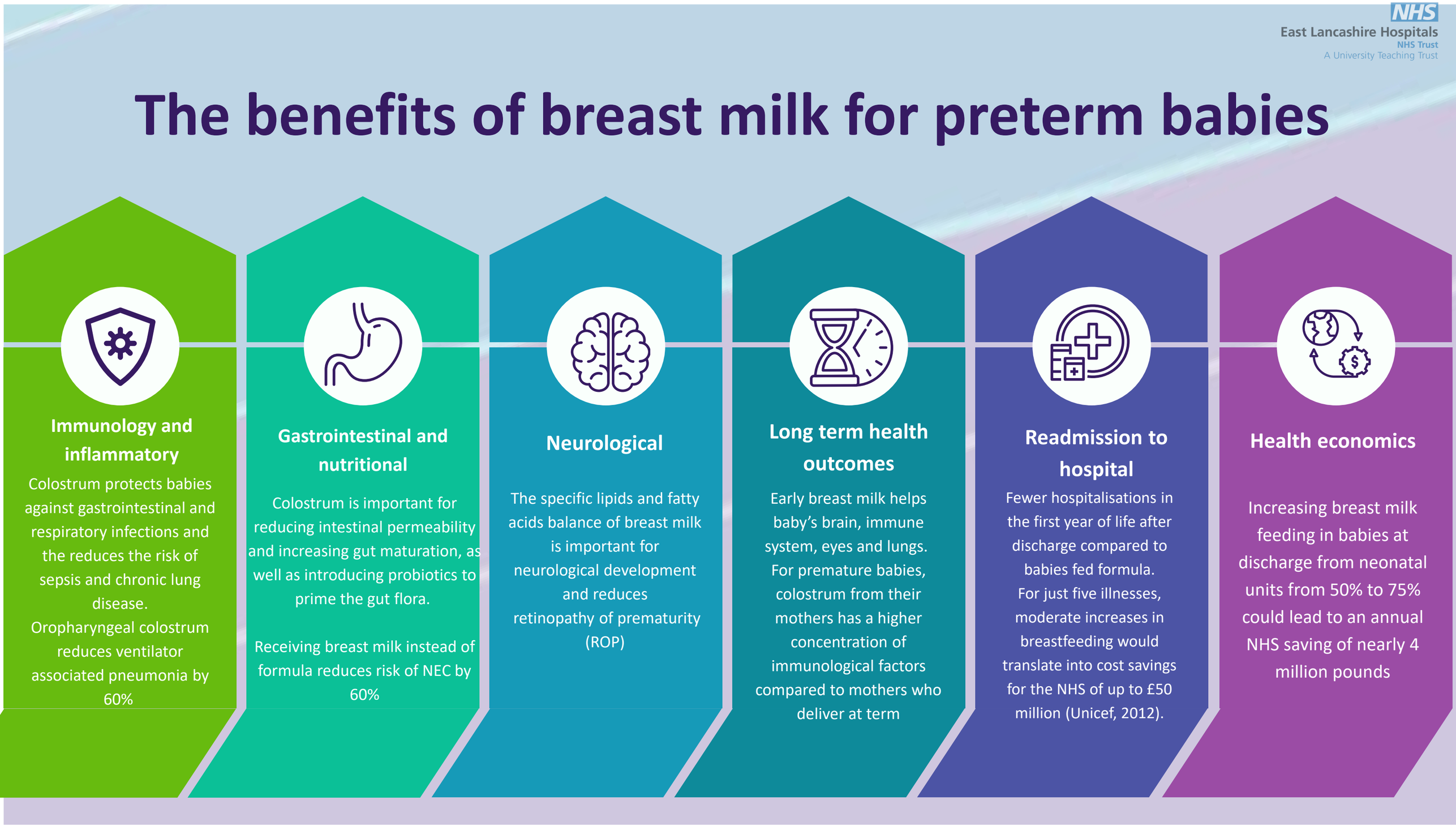

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Our Approach to Early Colostrum Expression

Developed the Antenatal Colostrum Expressing Pack

Improved information sharing through handover updates and staff communications

Created training materials, including posters, slides, and staff update sessions

Implemented practical tools, such as timers and magnets, to support staff

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Posters

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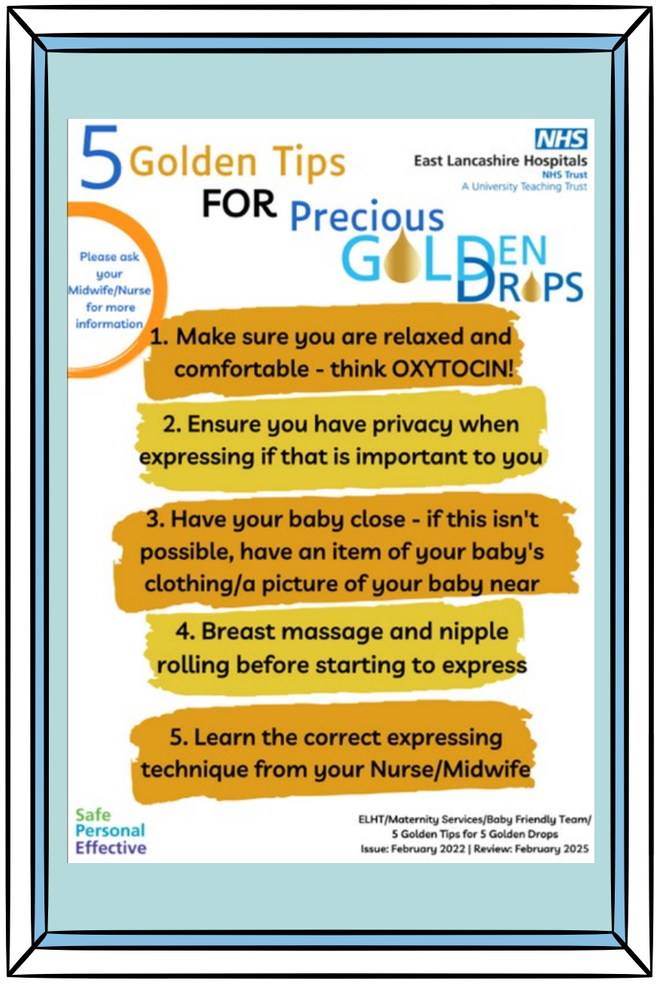

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Magnets & Timers

Hand Express within

2

Hours

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How can all staff support early breast milk for preterm babies?

Antenatal

Central birth Suite (CBS)

NICU

Postnatal

Reducing Inequities: Targeted Interventions – 5:

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How can all staff support early breast milk for preterm babies?

Antenatal

- Early education on the value of colostrum and breast milk, particularly for premature babies
- Education and preparation for early expressing
- If a mother in preterm labour is admitted to Central Birth Suite (CBS), and time allows, the midwife should discuss the importance of colostrum and early hand expressing—particularly if this hasn't been covered antenatally

CBS

- Skin-to-skin cuddles in the delivery room, if appropriate, before NICU transfer
- Pre-made colostrum expressing 'grab packs' available if a mother has not already collected colostrum antenatally
- Support mothers to initiate hand expressing within 2 hours of birth
- Immediate transfer of colostrum to NICU – do not store on CBS
- NICU team to call CBS hourly to check if expressing has started and to collect colostrum

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How can all staff support early breast milk for preterm babies?

NICU

- Hourly communication with CBS to ensure expressing has started and colostrum is transferred
- Timers at cotside to remind staff to support early expressing
- Regular staff updates reinforcing that buccal colostrum can be given to all sick and preterm babies – even if extremely premature, critically ill, ventilated, or nil by mouth (for mouth care)
- Mothers supported to continue expressing while on NICU visiting baby
- Assess expressing progress by 12 hours of age

Postnatal

- Ongoing support for mothers to establish and continue expressing
- Fast colostrum transfer to NICU, whether from CBS or postnatal ward
- Provide an expressing chart to mothers, encouraging 8–10 sessions per 24 hours, including between midnight–04:00
- Assess expressing progress by 12 hours of age
- Freezers available for colostrum/expressed breast milk storage on both NICU and postnatal ward

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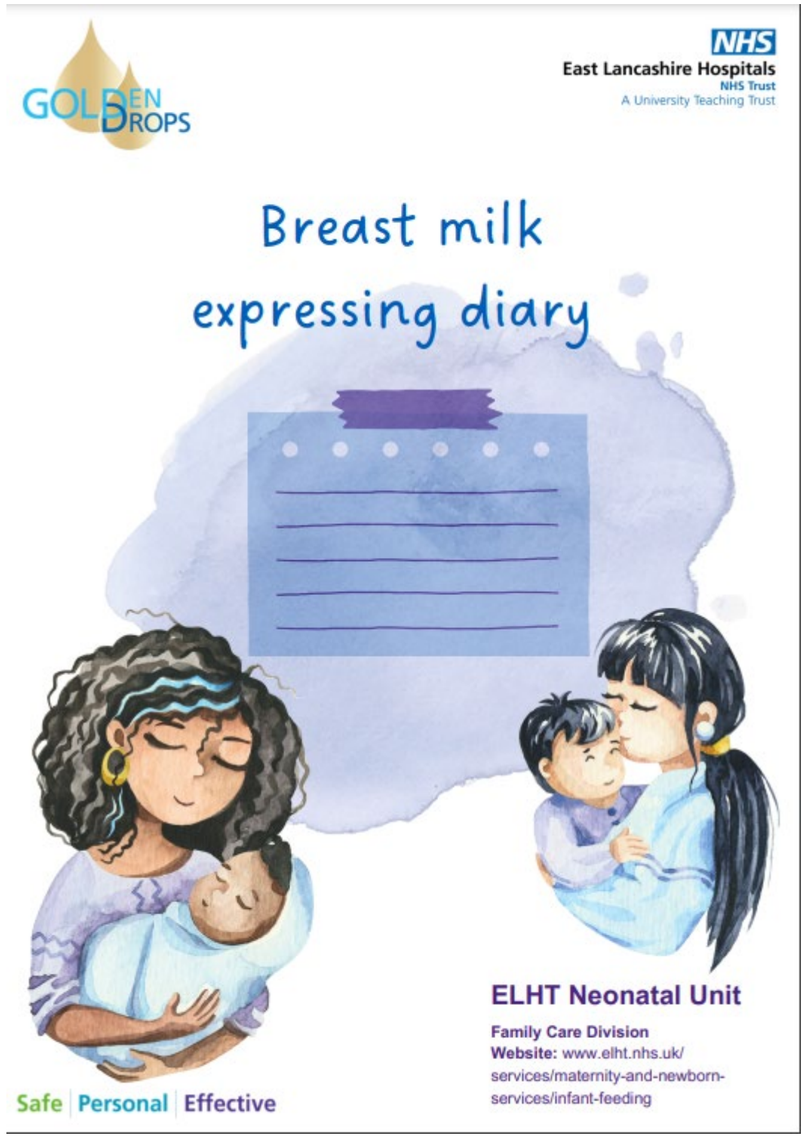

NICU Breast Milk Expressing Journal

Why It's Important:

- Provides structure, reassurance, and encourages a regular expressing routine for NICU mothers.
- Helps monitor progress and identify early issues with supply, ensuring timely intervention and support.

Using the Expressing Journal Effectively:

- Track Sessions: Record time and volume for 8-10 sessions daily, including overnight.
- Monitor Progress: Use the journal to spot trends or supply issues and offer tailored support.
- Review Regularly: Check entries to guide discussions, adjust plans, and reassure mothers.
- Reassure Mothers: Remind them that small early volumes are normal and essential for baby's health.

Supporting Mothers:

- Reinforce the vital role of expressed milk in the baby's growth and development.
- Educate and empower mothers with effective expressing techniques, boosting their confidence.

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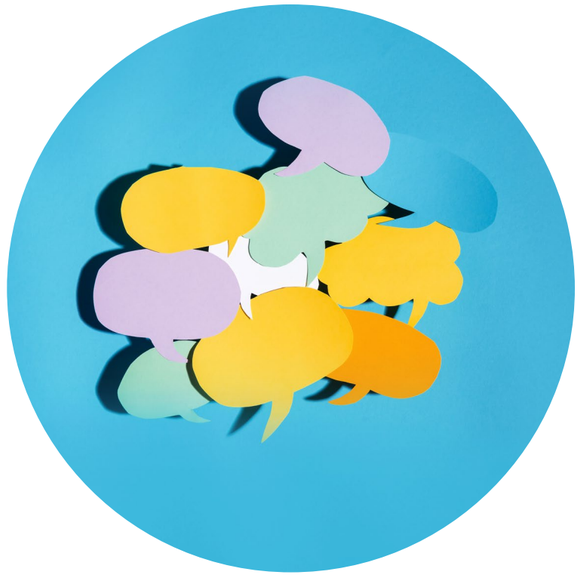

Results and Feedback

Challenges Encountered

Collected Data

Staff Survey Insights

Feedback from Mothers

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Challenges

Environment

- Distance between maternal and neonatal care locations
- Lack of privacy for expressing

Processes

- Tracking of early maternal breast milk expression and outcomes
- Uncertainty over staff roles in supporting early expressing

System

- Coordination between neonatal and maternity staff
- Staffing shortages affecting support

Staff

- Lack of time and knowledge for supporting early expressing
- Maternal rest prioritised over early expressing

Patient

- Postnatal complications and/or trauma
- Language barriers impacting understanding
- Limited knowledge of colostrum's importance

Education

- Mothers not aware of importance of early expressing and benefits of colostrum
- Staff unaware of the critical first expression window and/or importance of colostrum

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Staff Education: PowerPoint & Survey

To assess understanding, staff completed a survey with questions such as:

1. When should a mother start expressing colostrum?
2. By what age should a preterm baby receive colostrum?
3. Should colostrum be given buccally if a preterm baby is nil by mouth?
4. Who is responsible for supporting early colostrum?

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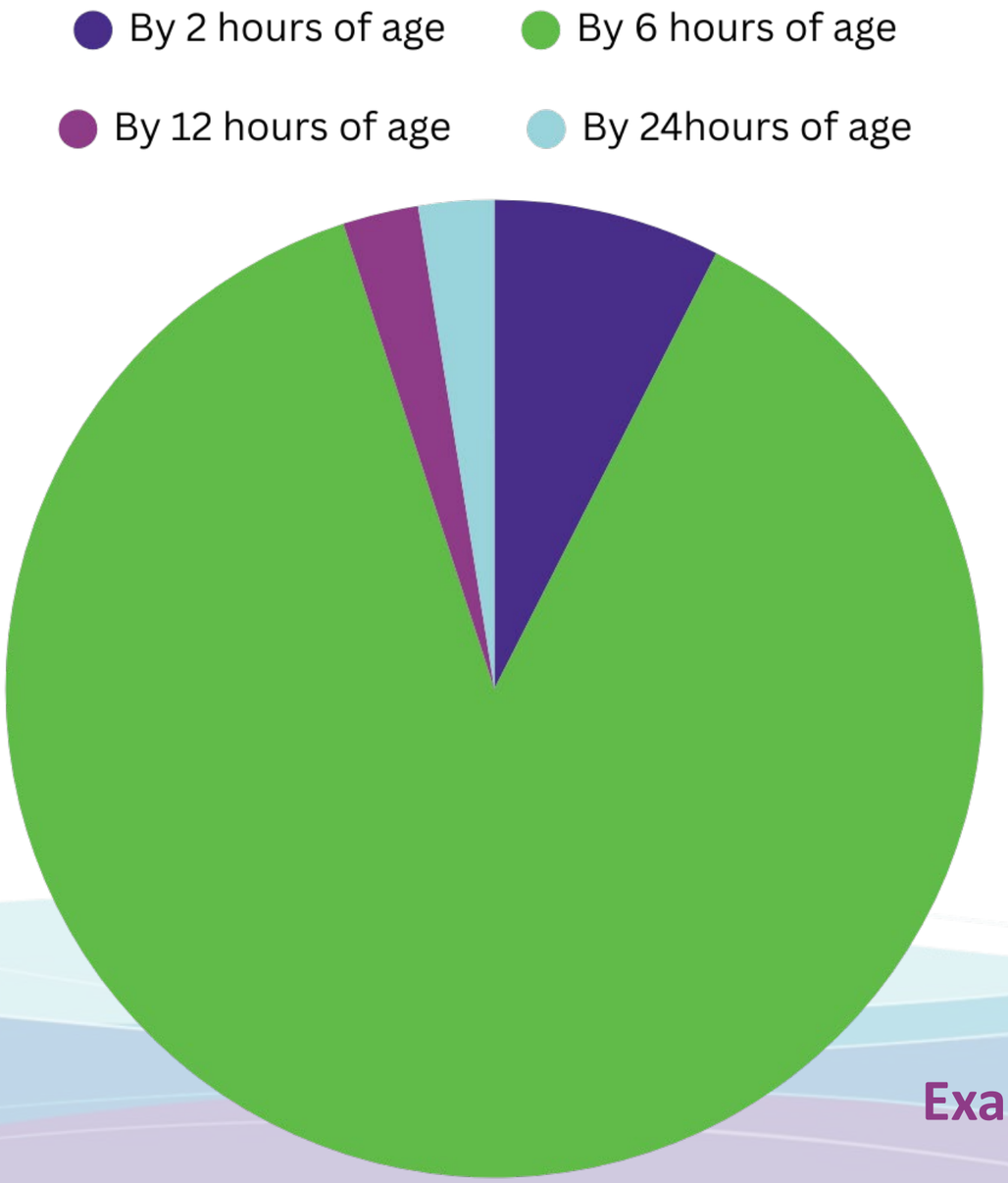

By what age of life should a preterm baby on NCIU receive colostrum

- By 2 hours of age - 3
- By 6 hours of age - 35
- By 12 hours of age - 1
- By 24 hours of age - 1

Example of results of the staff survey following education slides

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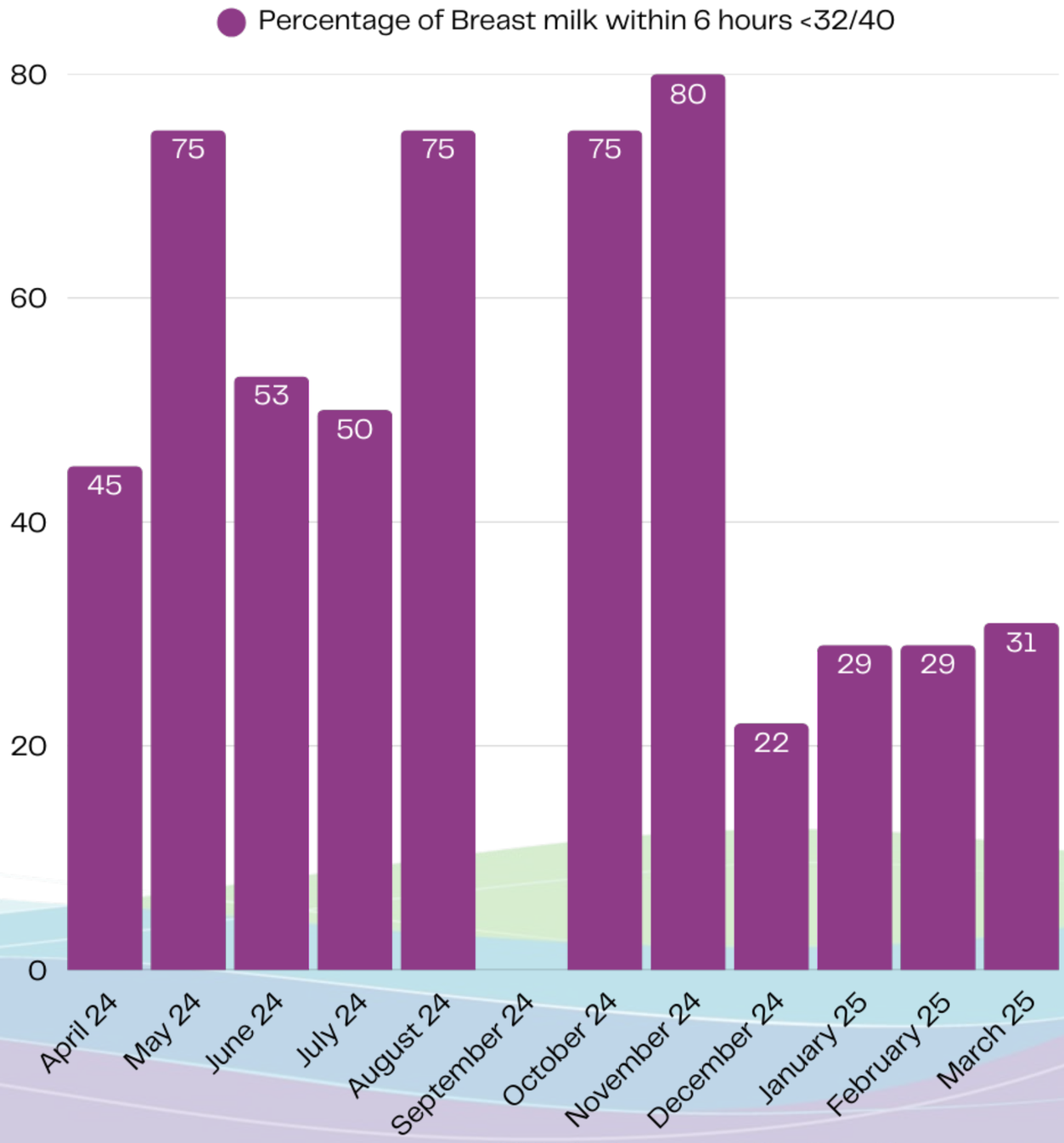
NICU Data

Reasons for Data Anomalies:

- Fluctuating Data Pool: Small sample sizes can cause significant monthly variations in results.
- Transfers from Other Hospitals: Infants transferred past the 6-hour window are not included in Badger data.
- Maternal Health: Illness or fatigue may delay milk expression or decision to express.
- Declining DEBM: Some mothers decline to express, resulting in later DEBM provision.
- Clinical Priorities: Delays in milk expression discussions due to immediate clinical needs.



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New Intervention: Give Colostrum Without Delay

Colostrum should be given immediately once brought to NICU

No need to wait for:
* Ward round
*Doctor's approval
*Printed feeding plan

Early colostrum is vital – especially for extremely preterm infants.
Delays risk missing the 6-hour target
Every drop counts

Example:
Baby born at 2:00 am
Colostrum ready in NICU at 3.00am
Nurses waited for ward round at 10.00am – delay could have missed 6-hour window

Nursing staff are empowered to give colostrum as soon as it arrives

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I was unwell on the close observation unit (COU), but the midwives were amazing at helping me express.
I couldn't see my baby as I was so unwell, but I knew that with expressing I was able to provide the colostrum for my baby, so I felt empowered that I was also helping her.

The neonatal team has provided continuous ongoing support with providing my milk for my baby.

Parent feedback

All staff have always been extremely helpful & dedicated. They explained the importance of breastmilk for our baby during antenatal counselling

Rachel - Baby born at 25+5

Reducing Inequities: Targeted Interventions – 6:

Crisis Response: COVID-19 Actions

Lancashire and South Cumbria

Healthier Lancashire & South Cumbria

Baby Friendly Together
Feeding and relationship building: forming foundations for life

For families expecting babies soon, it has never been more important than it is right now to understand:

Prolonged skin to skin, no matter how baby is born or fed, helps baby's heart rate, temperature and breathing, gives better immunity and calms mum and baby.

Babies who are breastfed have more protection from infection. All breastmilk is valuable: every drop counts.

Every baby could benefit from their mother's first milk, known as colostrum. This can be expressed and stored near the end of your pregnancy & given to baby.

Information for families from the Baby Friendly Team – COVID-19

See https://www.healthierlsc.co.uk/betterbirths

Healthier Lancashire & South Cumbria

Baby Friendly Together
Feeding and relationship building: forming foundations for life

Wondering about your baby's growth? Here are three tips…

1. **Look in your baby's nappy.** Is your baby doing six or more wet nappies and at least two poos (the size of a £2 coin) a day?
2. **Think about how your baby feeds.** Is your baby having at least eight feeds in 24 hours, for 5-20 minutes?
3. **Look at your baby.** When you look at photos of your baby from a week ago, do they look heavier now?

If you have concerns about your baby's growth or development please contact your peer supporter, midwife, or health visitor.

This has been produced by Lancashire and South Cumbria Infant Feeding Network to provide information for parents of babies who are unable to access clinics for weighing.
A longer version of this guide is available here: bit.ly/3c4u1lj

MICROPLASTICS AND INFANT FORMULA PREPARATION

SAFETY INFORMATION

In light of recent research claiming infants are consuming microplastics when bottle feeding, UK Governments and UNICEF UK continue to recommend that all infant feeding equipment is sterilised and feeds are prepared as per the current guidelines to prevent infection.

Feeding equipment includes bottles, teats and caps.

Effective sterilising ensures that no bacteria is present in the equipment when preparing infant formula.

Powdered infant formula should be made up using fresh boiled water at a temperature of 70° Celsius or above.

IF YOU HAVE CONCERNS ABOUT SAFELY PREPARING INFANT FORMULA, PLEASE CONTACT YOUR HEALTH VISITOR FOR INFORMATION AND SUPPORT.

Healthier Lancashire & South Cumbria

Baby Friendly Together
Feeding and relationship building: forming foundations for life

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Healthier Lancashire & South Cumbria

Baby Friendly Together
Feeding and relationship building: forming foundations for life

This graphic has been produced by Lancashire & South Cumbria Infant Feeding Network to provide information for families who are struggling to access their baby's usual formula milk.

The only formula appropriate for the under 12m baby who is not breastfed, is first stage infant milk. When there are shortages, some of the following tips may help you:

Speak to your health visitor if you have problems accessing formula, or have any questions.

You can change between brands of first infant milk; they all have to meet the same strict rules on composition.

Never water down your baby's milk to make it last longer, or keep it more than 2 hours after baby has started drinking it.

Only make up as much milk as you need, and do 'paced feeding'

You can ask if neighbours or local friends have any first milk.

Never give baby cows', goats' or plant milks as their main drink, as it can cause damage.

Do not give follow on milk to babies under 6 months.

For more info, see: https://www.healthierlsc.co.uk/formula-feeding

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Healthier Lancashire & South Cumbria

Baby Friendly Together
Feeding and relationship building: forming foundations for life

WONDERING ABOUT BABY'S GROWTH? 3 TOP TIPS

1. Look in your baby's nappy
Is your baby doing 6+ heavy wet nappies & at least 2 poos a day the size of a £2 coin?

2. Think about how baby feeds
Is your baby having at least 8 feeds in 24 hours for between 5 and 40 minutes?

3. Look at your baby
When you look at photos of your baby from last week, do they look heavier now?

This graphic has been produced by Lancashire & South Cumbria Infant Feeding Network to provide information for parents of babies who cannot currently access clinics for weighing.

Please see the full article for more info

www.LIFIB.org.uk/update-March-2020

IF YOU HAVE CONCERNS ABOUT A BABY'S GROWTH OR DEVELOPMENT, CONTACT YOUR PEER SUPPORTER, MIDWIFE, OR HEALTH VISITOR.

Reducing Inequities: Targeted Interventions – 7:
NIHR Proposal to Increase Breastfeeding Rates– Skelmersdale, West Lancashire

NHS Lancashire and South Cumbria Integrated Care Board

In partnership with:

Edge Hill University; University of Central Lancashire UCLan; Liverpool John Moores University; Health Innovation North West Coast; NHS Cheshire and Merseyside

… we are exploring a funding bid to NIHR for a research project focusing on the wider determinants of health relating to the decarbonisation of the NHS through optimisation of infant feeding practices.

Wider determinants of health affecting infant feeding

- Reached out to researchers in decarbonisation and the arts to compliment the bid
- Project proposal sent to MP Jonathon Reynolds to gain support from a government point of views
- Ongoing brainstorming document being added to by professionals
- Brainstorming sessions with all interested parties
- Identified a potential community (due to demographics and location) and linking in with VCFSE there to identify community capacity

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Reducing Inequities: Targeted Interventions – 8:

Emergency Food Pathway for Infants: Priority for 2025/2026

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IPC Acute Food Insecurity Phase Descriptions

Phase 1 Minimal	Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.
Phase 2 Stressed	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.
Phase 3 Crisis	Households either: - Have food consumption gaps that are reflected by high or above-usual acute malnutrition; OR - Are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.
Phase 4 Emergency	Households either: - Have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; OR - Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.
Phase 5 Famine	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution, and extremely critical acute malnutrition levels are evident. (For Famine Classification, area needs to have extreme critical levels of acute malnutrition and mortality.)
	At least 25 percent of households met at least 25 percent but less than 50 percent of their caloric requirements through humanitarian food assistance.
	At least 25 percent of households met at least 50 percent of their caloric requirements through humanitarian food assistance.
!	Phase classification would likely be at least one phase worse without current or programmed humanitarian food assistance.

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Reducing Inequities: Targeted Interventions – 8:

Emergency Food Pathway for Infants: Priority for 2025/2026

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Household vs. Area-Level Classifications

IPC acute classification

Humanitarian food assistance urgently needed

Household classification

None (IPC Phase 1)
Household is able to meet their basic food and non-food needs without engaging in unsustainable coping

Stressed (IPC Phase 2)
Household has minimally adequate consumption but is unable to afford essential non-food needs without negative coping

Crisis (IPC Phase 3)
Household either has food consumption gaps or is only minimally meeting their food needs by negative coping

Emergency (IPC Phase 4)
Household either has large food consumption gaps or is only minimally meeting their food needs by extreme coping including asset depletion

Catastrophe (IPC Phase 5)
Household has an extreme lack of food even after full employment of coping strategies; starvation; death and destitution evident

Area classification

Minimal (IPC Phase 1)
>80% of the population facing IPC Phase 1 outcomes

Stressed (IPC Phase 2):
≥20% of the population facing IPC Phase 2 or worse outcomes; acute malnutrition increasing

Crisis (IPC Phase 3):
≥20% of the population facing IPC Phase 3 or worse outcomes; acute malnutrition & hunger-related mortality increasing

Emergency (IPC Phase 4)
≥20% of the population facing IPC Phase 4 or worse outcomes; acute malnutrition & hunger -related mortality are high

Famine (IPC Phase 5)
≥20% of the population facing IPC Phase 5; acute malnutrition levels ≥30%; ≥2/10,000/day dying due to hunger- related causes

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Priority 4c, Intervention 4:
Culturally Sensitive Genetic Services for Consanguineous Couples

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Consanguinity

Prevalence and Role in Genetics

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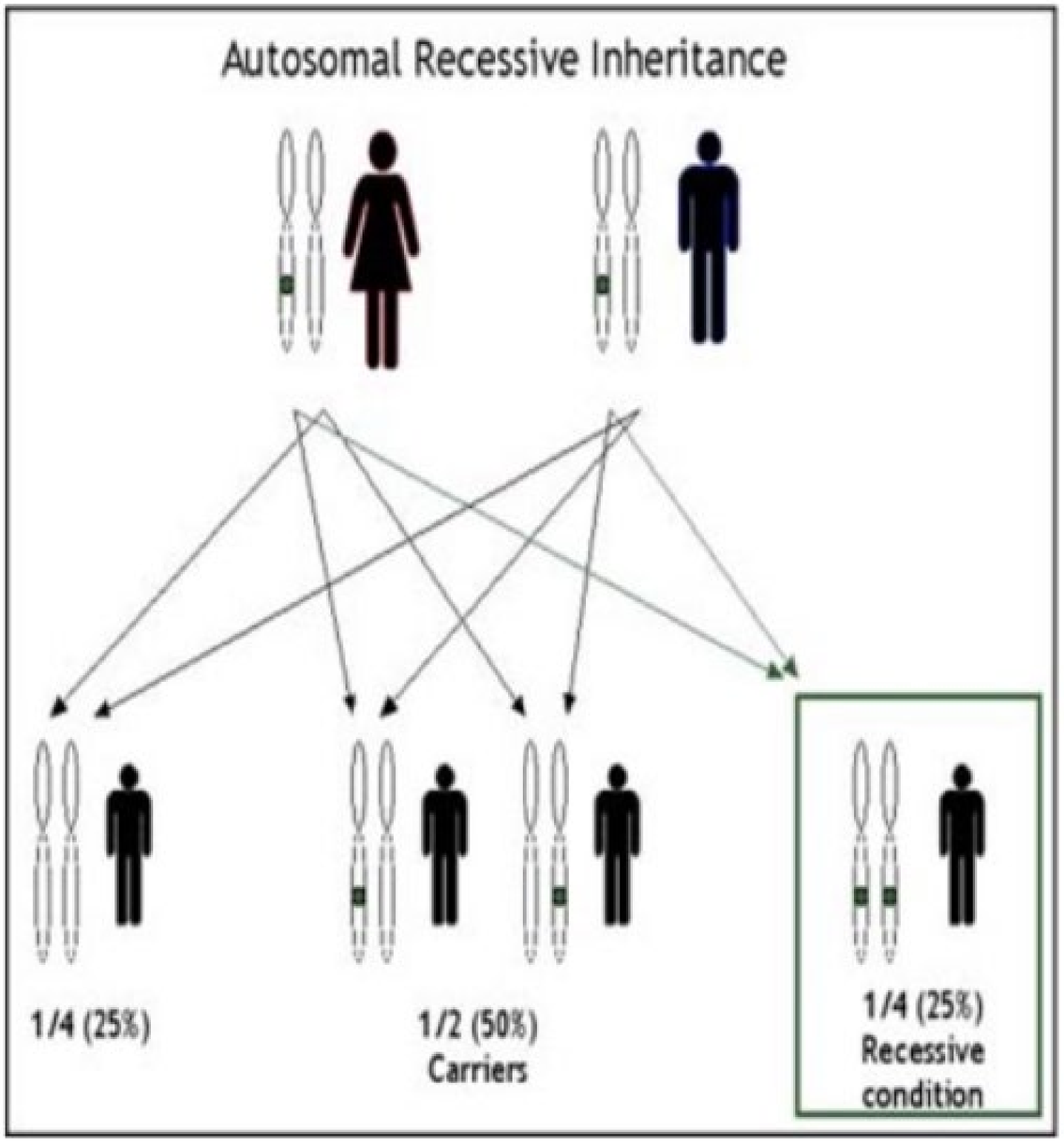
- Close relative marriage, sometimes known as consanguineous marriage, is the marriage of two people who are blood relatives.
- It is widely practised globally with 20% of the world's population living in communities who favour consanguineous relationships and 8.5% of births globally are to parents who are consanguineous.
- The Born in Bradford study 2007-2011 found highest rates of close relative marriage amongst the Pakistani community – with 37% of Pakistani women married to their first cousin and a further 21% married to a more distant relative (Sheridan et al., 2013).
- An autosomal recessive genetic condition occurs when both inherited copies of the same gene are faulty.
- In the UK, this marriage pattern can be stigmatised, leading to fear of disclosure, mistrust of services and testing, a lack of knowledge and less opportunity to intervene at the earliest opportunity (more information on slide number 225).



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Understanding the Risk of Genetic Disorders

Populations Comparisons

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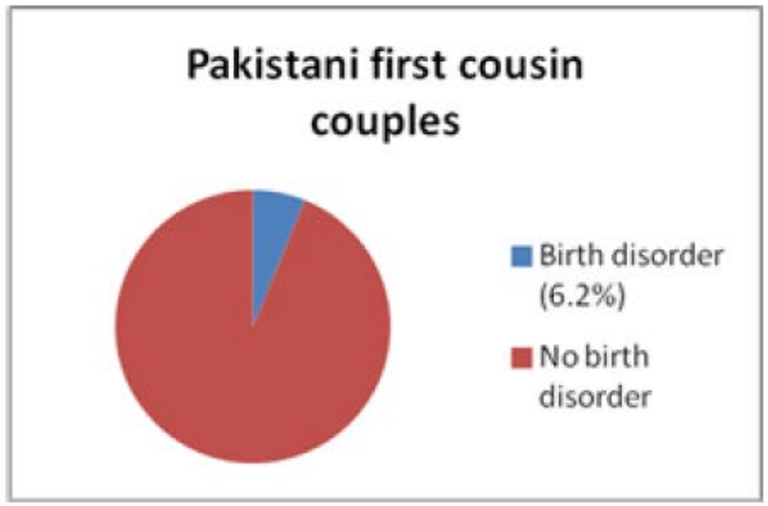
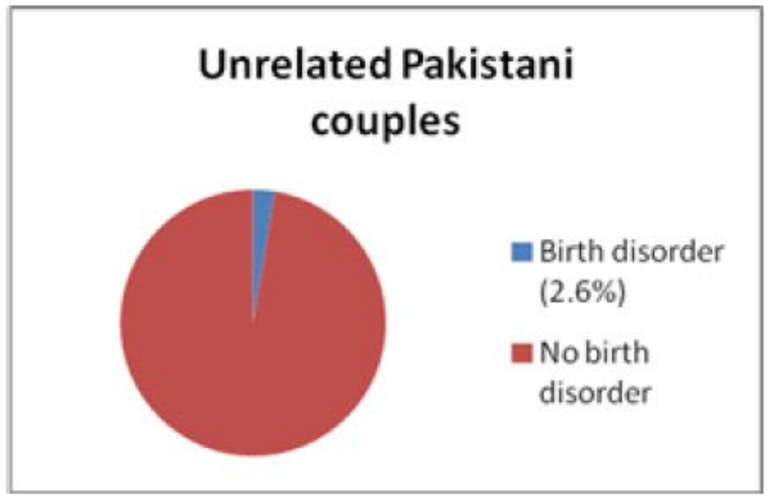
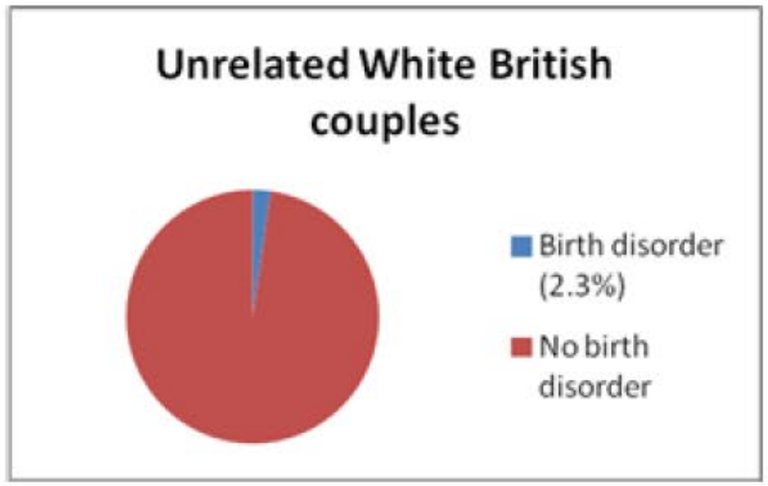


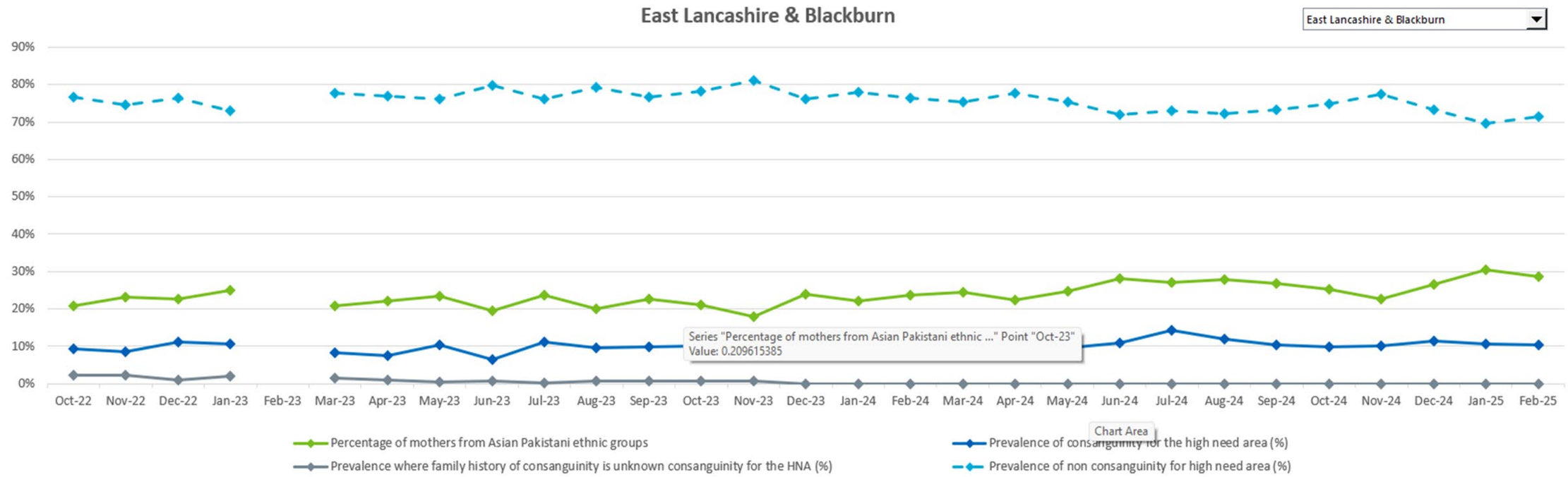




Sheridan et al 2013; The Lancet

- Recessive genetics conditions occur in all populations.
- Children of related partners have a higher risk of inheriting two copies of the same faulty gene for a recessive genetic condition than children of unrelated partners. As a result, risk clusters in families.
- The risk of still birth, infant death and disability is higher among communities practising close relative marriage – in the Asian Pakistani community, the risk of genetic disorders at birth for unrelated couples is 2.6% compared to a risk for related couples of 6.2% (Sheridan et al., 2013).
- Congenital abnormalities cause 9.2% of stillbirths and 36.1% of neonatal deaths (MBBRACE-UK 2019 p.153). They are the leading cause of infant deaths for Pakistani babies where the mortality rate from congenital abnormalities is 3.4 deaths per 1,000 live births. The rate for White babies is 0.74 deaths per 1,000 live births (Li et al 2018).
- **Over 90% of babies born to cousin couples are healthy.**

Culturally Competent Genetic Services Charts



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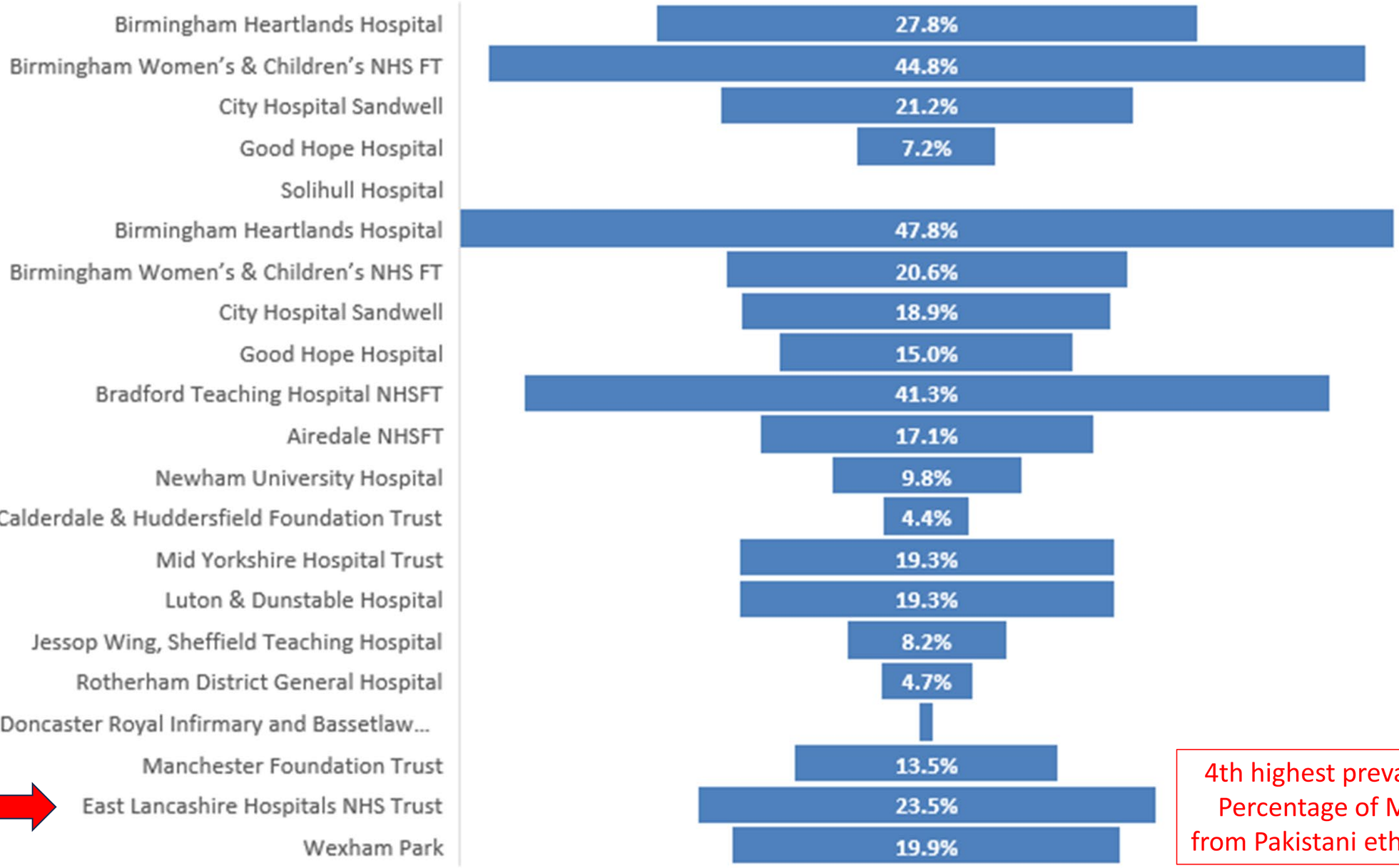
Percentage of mothers from Asian Pakistani ethnic groups YTD



4th highest prevalence in Percentage of Mothers from Pakistani ethnic group

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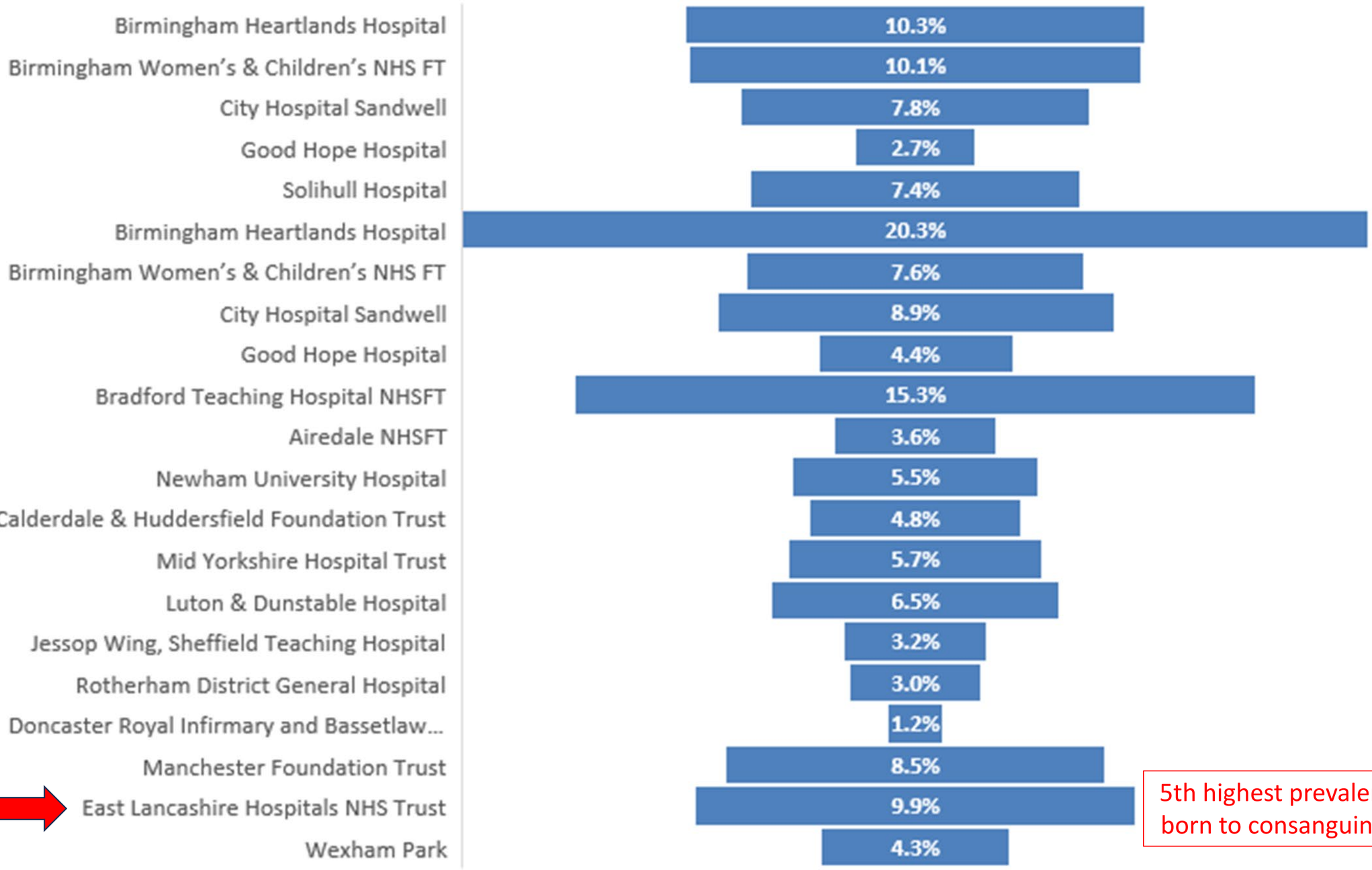
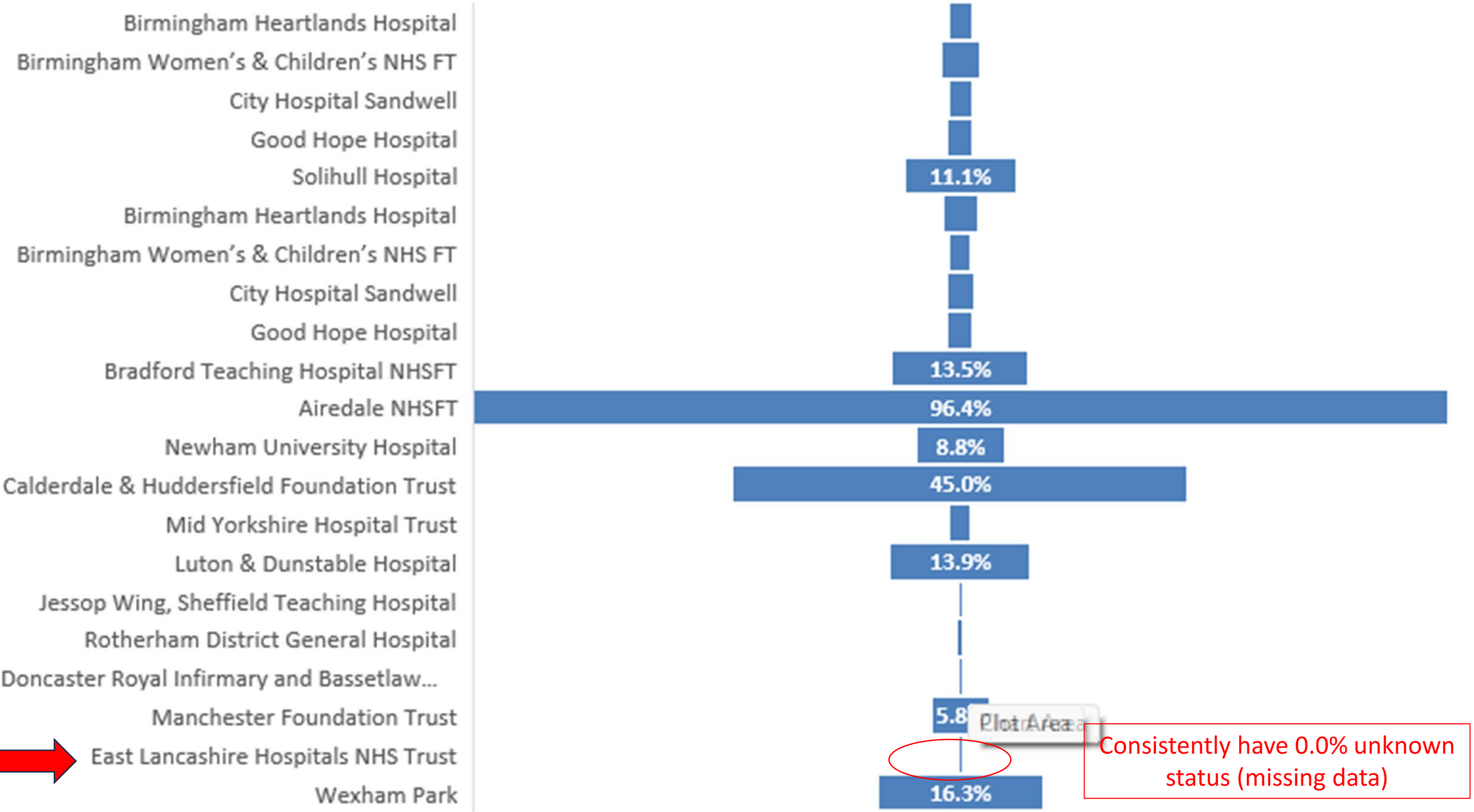
Prevelance of consanguinity for the unit (%) YTD



5th highest prevalence of babies born to consanguineous parents

Prevelance where family history of consanguinity is unknown (%) YTD



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- Intersectionality graph
- December 2023, month by month to June 2025

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The Need for Culturally Competent Genetics Services

Service User Insight

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Workstream 1 – HNA wide

Oversight Group established pre-bid with ToR

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Attendance of members at National Communities of Practice

- LMNS Lead
- Public Health Lead and Sp PH Registrar (BwD Council)
- Public Health Lead (Lancashire County Council)
- HomeStart East Lancashire Community Genetics Team
- Regional Genomics Associate (added post-recruitment)
- Close Relative Marriage Midwife (added post-recruitment)
- National Lead (guest member)
- Close Relative Marriage Neonatal Nurse (will be added once in post)

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Workstream 2 – HNA wide

Bidding for National Pilot Programme Funding

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July 2022

NHS E identified Pennine as one of eight High Need Areas

September 2022

Submission of bid to become part of Pilot Areas

October 2022

NHS E awarded L&SC LMNS funding to deliver against 4 strands

Aims:

- Improve access to genomics services for underserved groups
- Give families the opportunity to make informed reproductive decisions
- Provide culturally competent genetic services

Culturally Competent Genetics Services Pilot Programme:

4 strands

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- Community-led
- Raise awareness of genetic risk
- Improve access to services
- Empower and build trust
- Varied, accessible format
- Reduce stigma and fear
- Local, multi-agency working group established
- *Nationally-provided health promotion materials*

1. Raise genetic literacy at community level

2. Educate & equip healthcare professionals

- Close relative marriage midwife "champion" 0.4WTE band 6
- Added value - health visitor champion (not required)
- Promote the e-learning module
- *e-learning for healthcare 'close relative marriage' modules*
- *National webinar post training*

All four strands must be applied to gain best results

- Develop and improve care pathways from primary & secondary care – improve access for underserved groups
- *Genomics associates (nationally funded) in clinical genetics services to support access, follow up non-attenders & support family conversations*

3. Improve access to genetics services for underserved groups

4. National support

- Oversight: national steering group
- National communities of practice for close relative marriage midwives, genomics associates & public health teams
- Progress reports & share learning
- Metrics with analytics advice
- Evaluation
- Funding: ongoing & start up

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- By achieving against these elements, there will be raised workforce awareness of referral/care pathways and optimised access to tertiary genomics services which will lead to:
- - families receiving information at the earliest opportunity to inform their decision-making around their care options,
- - a culturally sensitive, personalised care plan being developed by the woman and her family, with support from a skilled practitioner,
- - if chosen, genomics screening being undertaken at the earliest opportunity,
- - practitioners planning and preparing to meet the needs of the woman, infant and family,
- - families planning for the care needs of the infant,
- - families having improved experiences throughout pregnancy, intrapartum and postnatally,
- - women and infants having improved health outcomes,
- - the wider family understanding the implications for their own family planning and seek screening or diagnosis at the earliest opportunity.

Workstream 3 – HNA wide

Mapping Aspirational Pathway Touch Points

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Education and Awareness Raising
- Programmes in schools and colleges
- Training for midwives- the exploratory conversation
- Training for Health Visitors
- BadgerNet links/flags
- Websites
- 'poster' sites
- data collection

Preconception
- Links with sexual health - points of access : Brook Clinics pharmacies
- GPs IUD Removal
- Gps family linkages

Antenatal
- Midwife Champions linked to CoC
- Referral to geneticcounselling advisers

Birth
- follow ups
- referrals to other services eg
- Rainbow
- Genetic medicine services

Postnatal
- Post natal checks
- 6-8 week checks
- HV support
- Health Visitor Champions

Ongoing support for family
- Developmental checks
- HV Support
- SpCCNs
- SEND support

Primary Care

ELHT Maternity & Newborn Services

Health Visitor & Community Services

Homestart

Education & PHE

Working in partnership:
NHS Blackburn with Darwen Clinical Commissioning Group
NHS East Lancashire Clinical Commissioning Group

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Workstream 4 – HNA wide

Gap Analysis of Starting Offer: Identifying Unwarranted Variation across the High Need Area

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Locality	Offer					
	Health Visitor and Family Hub Champion Programme	Primary Care Awareness Programme	Family Support to access genomic services	Community Engagement	Specialist Midwife in Consanguinity and Genetics	Genomic Associate
Blackburn with Darwen	√	X	X	X	X	X
East Lancashire	X	√	√	√	X	X

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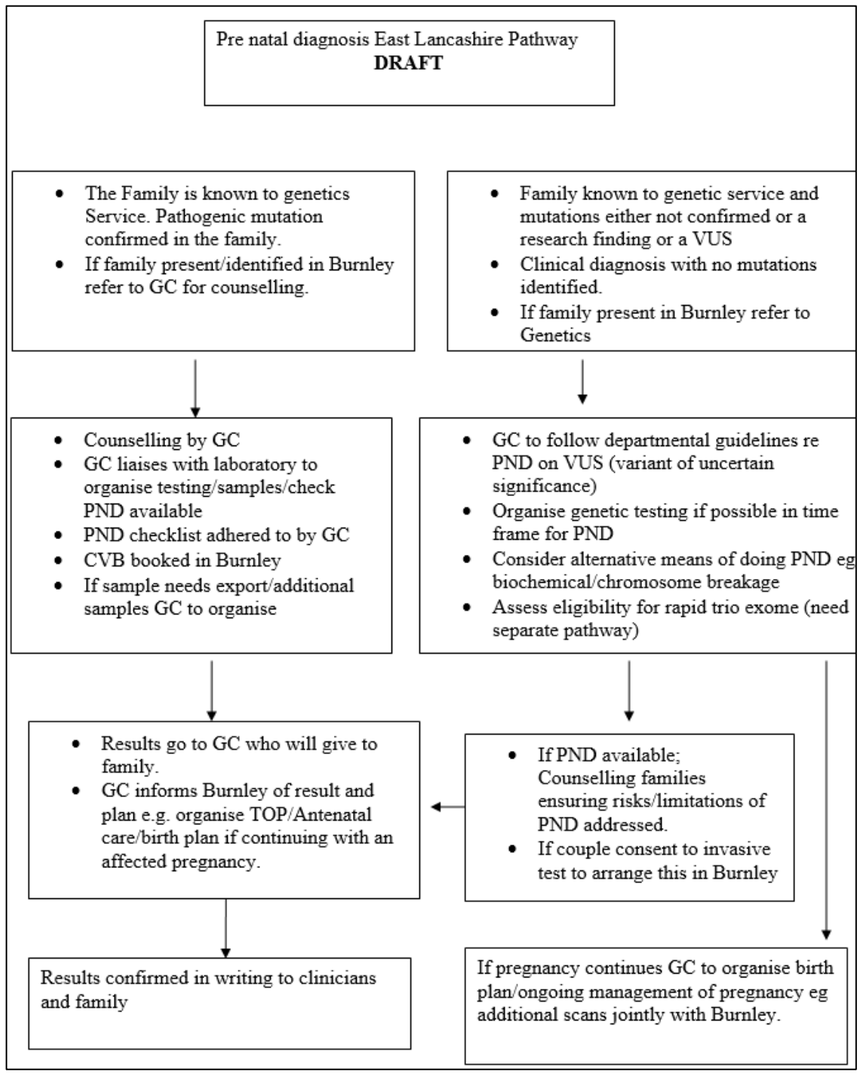
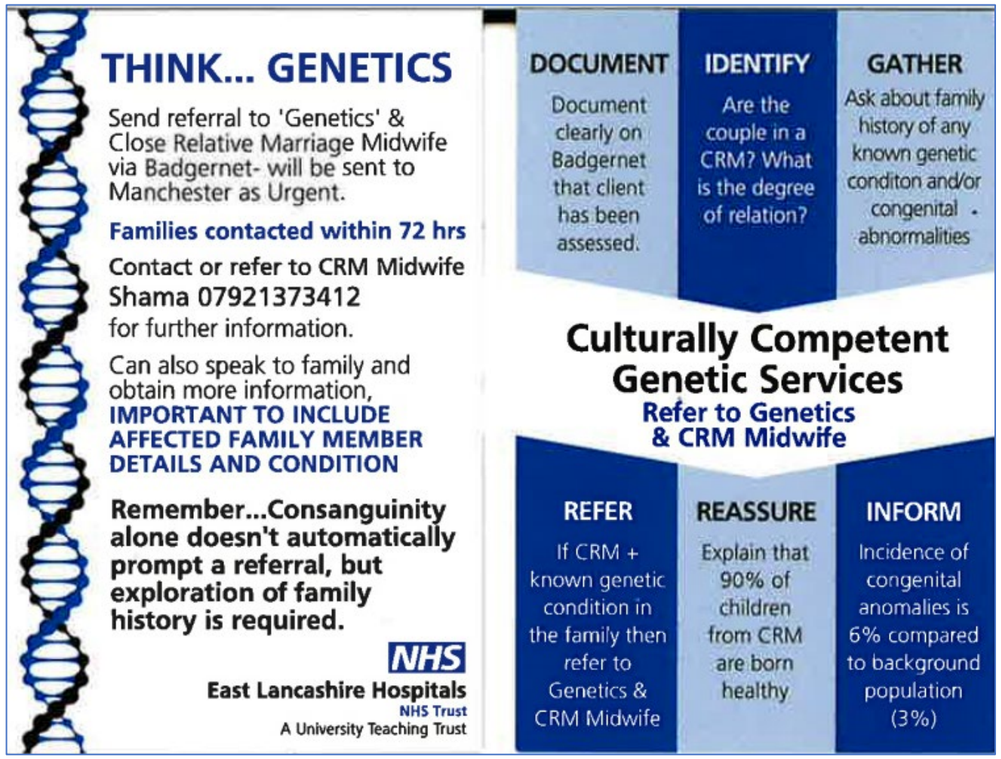
Workstream 5 – HNA wide

Recruit Close Relative Marriage Midwife (17.07.23): Developing Pathways, Increasing Knowledge Pan-HNA

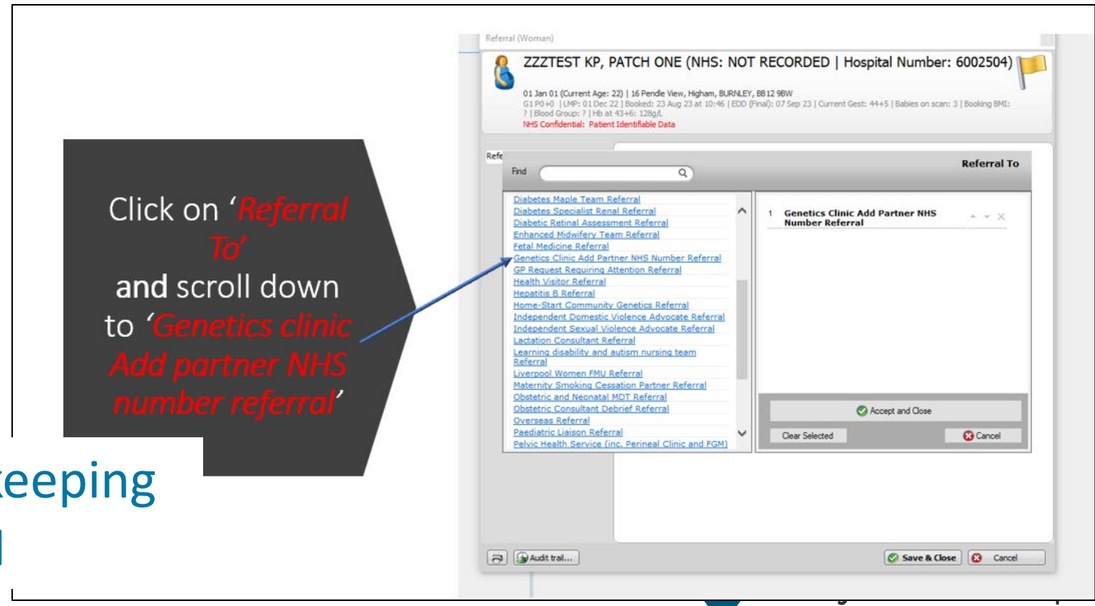


Standard Operating Process



Aide memoir for staff

Guides to improve record keeping and referrals to CRM



Workstream 6 – HNA wide

Survey of Workforce Confidence and Competence – pan-HNA Q1 2023/24

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Baseline survey developed and sent to local stakeholder practitioners re their awareness, confidence and knowledge of CRM and Genetic Risk and of referral pathways. Aim: to inform the development of a workforce training programme.
On analysis of findings:

AWARENESS

- People from all organisations are aware of genetic risk and consaguinity
- Little awareness of referral pathways and resources

CONFIDENCE

- Across all organisations, confidence to have conversations with families is low
- ELHT have the highest confidence to refer genetic cases

KNOWLEDGE

- All organisations understand a culturally sensitive approach is needed
- Education and Local Authority were unsure when their roles interlinked with genetics

Repeat survey completed 30.04.25 – analysis of results ongoing

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Workstream 7 – HNA wide

Delivering workforce training

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Workstream 8 – targeted commissioning

Commissioning of Services to Reduce Unwarranted Variation across HNA

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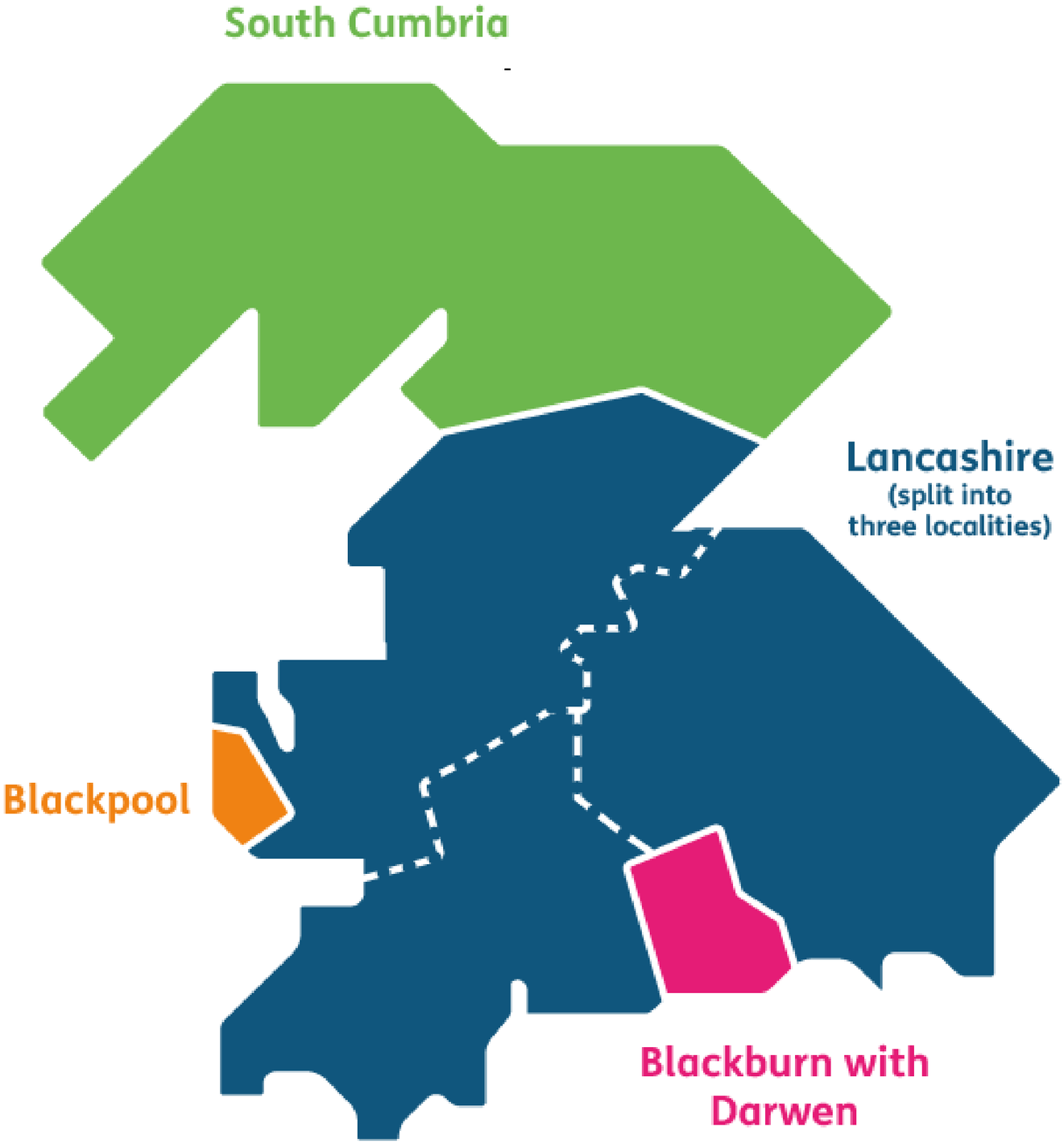

East Lancashire:

HomeStart East Lancashire already commissioned to:

- Deliver 1:1 support to families
- Engage with local community and services.

HomeStart East Lancashire newly commissioned to:

- Deliver Primary Care training
- Supervise Champions within Health Visiting and Family Hubs

Blackburn with Darwen:

Genetic Consultancy already commissioned to:

- Supervise Champions within Health Visiting and Family Hubs

HomeStart East Lancashire newly commissioned to sub-contract to HomeStart BwD to:

- Oversee delivery by HomeStart BwD
- Deliver Primary Care training
- Deliver 1:1 support to families
- Engage with local community and services.

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Workstream 9 – HNA wide

Evaluation of Strands

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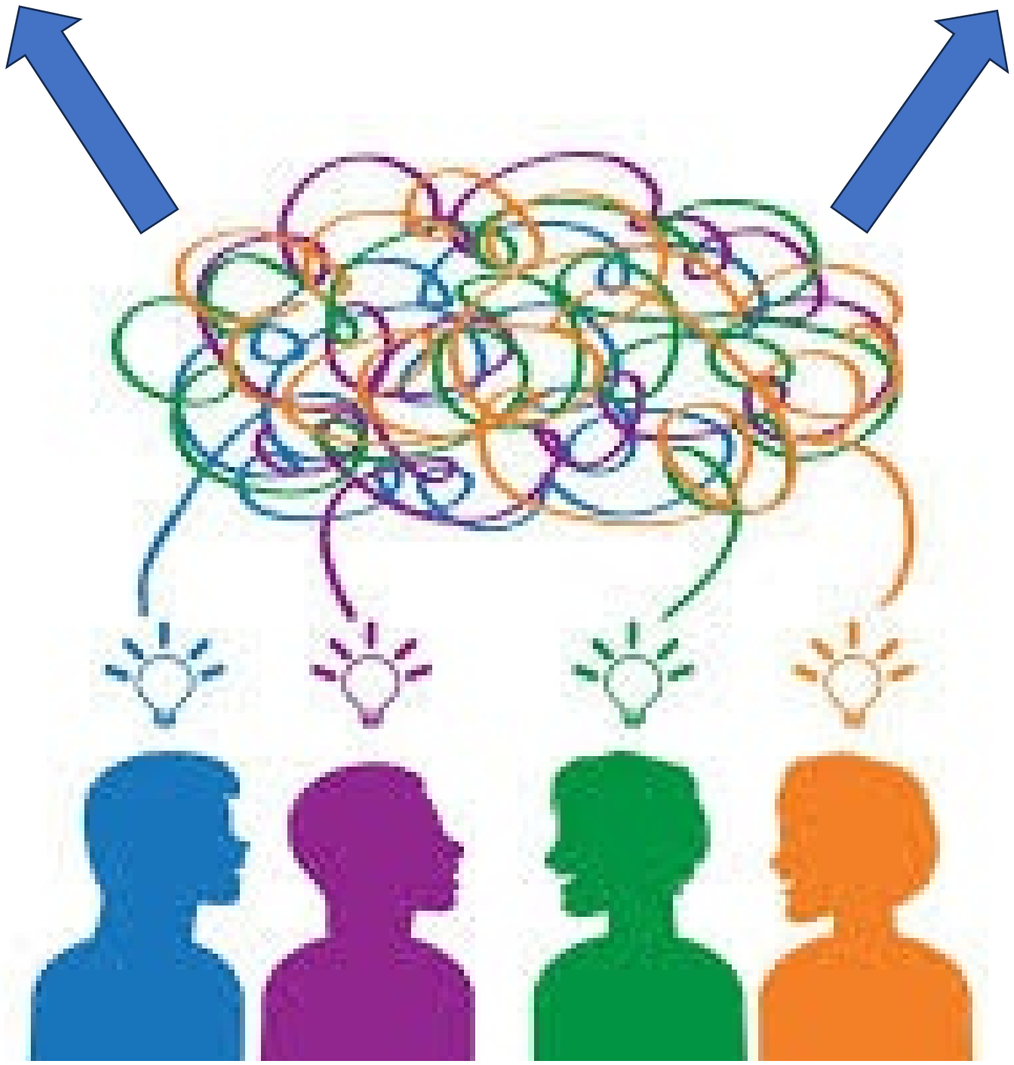
Local evaluation of:

1) **HomeStart Community Genetic Service Impact of training on workforce competence and confidence**
2) **Close relative Marriage Midwife Role**

National evaluation of:

Close Relative Marriage Midwife Role



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Shift in Focus Areas of National Pilot:

Three Strands, change April 2024 onwards

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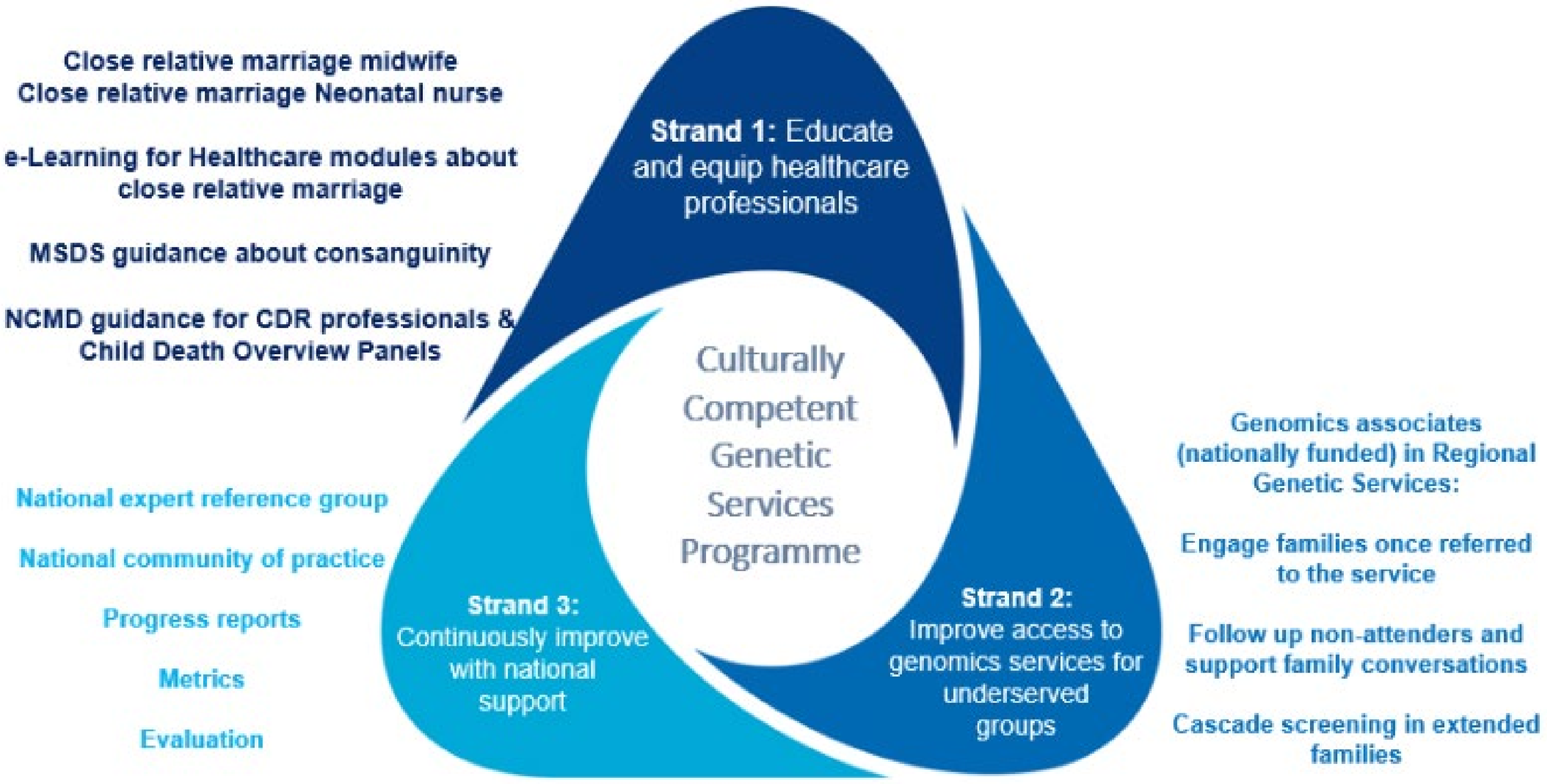
The Three Strands of Culturally Competent Genetic Services



Workstream 10 – HNA wide

Recruit Close Relative Marriage Neonatal Nurse

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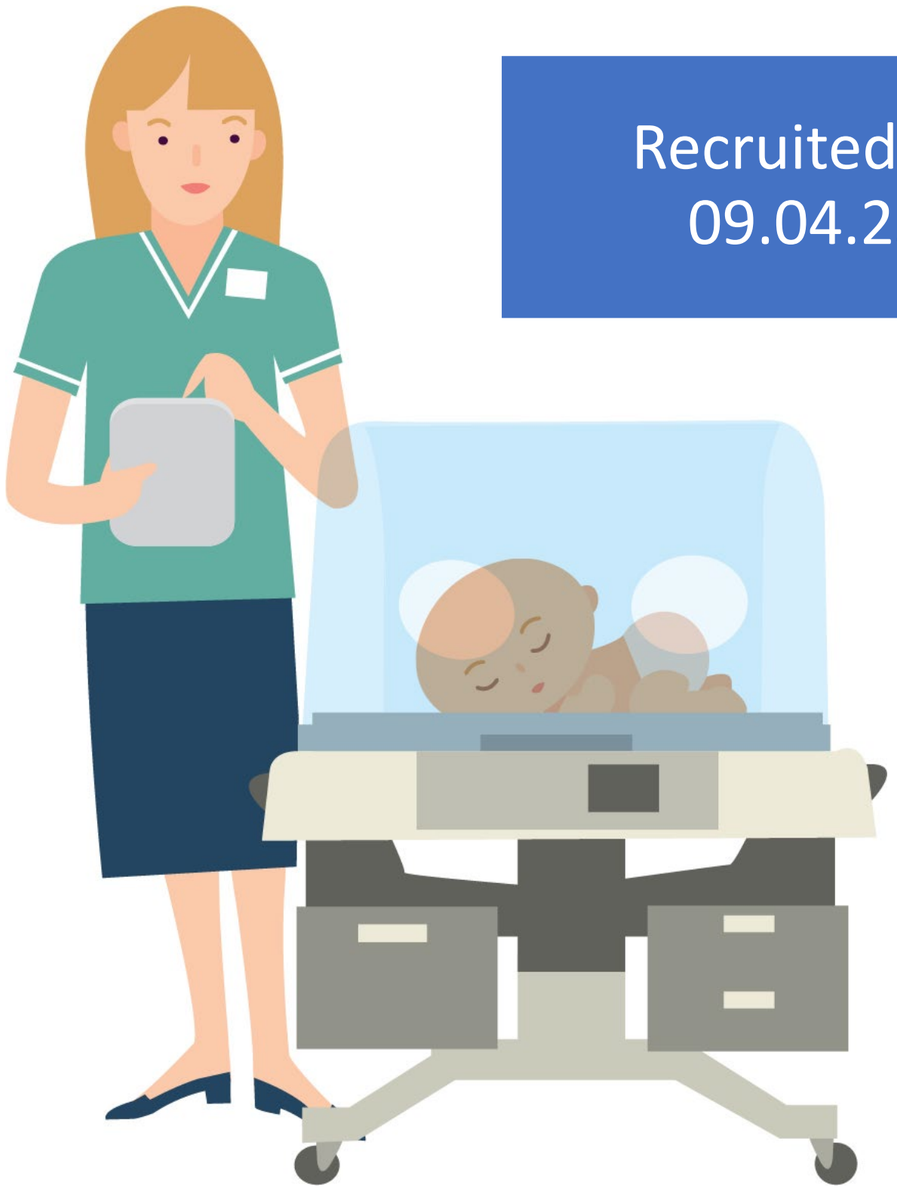

Recruited on 09.04.25

Start Date – awaiting confirmation

National and Local Induction

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- Service User insight work
- Library services search of evidence

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Priority 4c, (Local) Intervention 5i: COVID-19 Vaccination in Pregnancy

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Example 1: Increasing Covid Vaccination in Pregnancy Uptake

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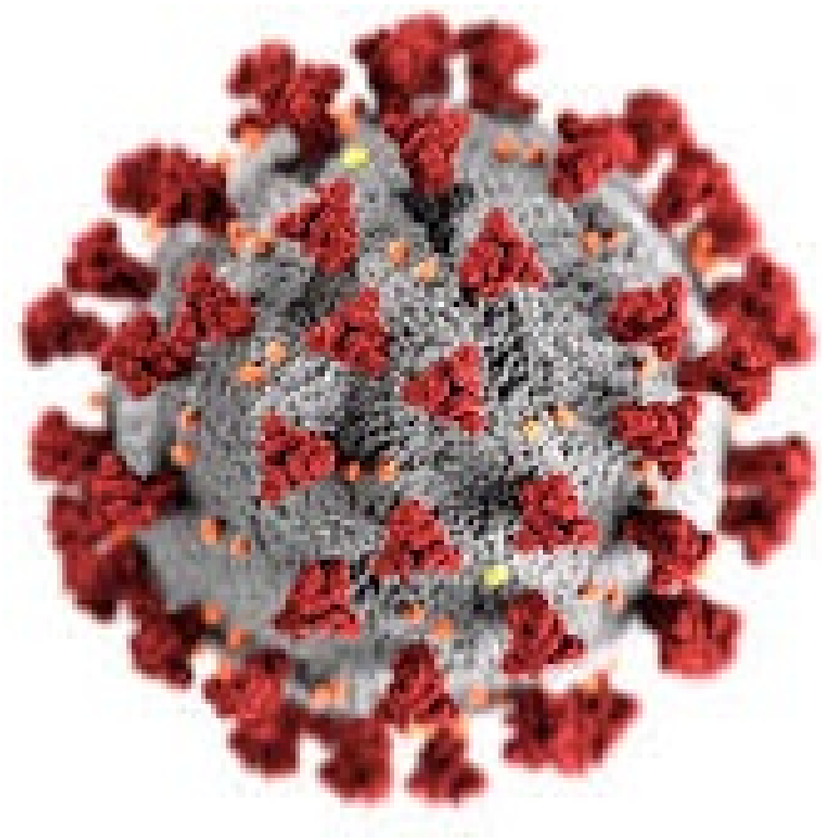

Women at highest risk if contracted COVID-19:

- in their final trimester of pregnancy,
- with a BMI >30 , of South Asian or Black African/Caribbean heritage
- aged >35
- with co-morbidities

Risks of stillbirth, caesarean section, preterm birth, need for respiratory support, ICU/ NICU admission.

75% of pregnancy women across L&SC received their first dose of the vaccination compared to 53.7% nationally - with
68% received their second dose against a target of 70%.

However, 25% of local pregnant women unvaccinated, with highest prevalence of this in women:

- Of South Asian or Black African/Caribbean heritage
- Living in areas of highest deprivation.

Example 1: Increasing Covid Vaccination in Pregnancy Uptake

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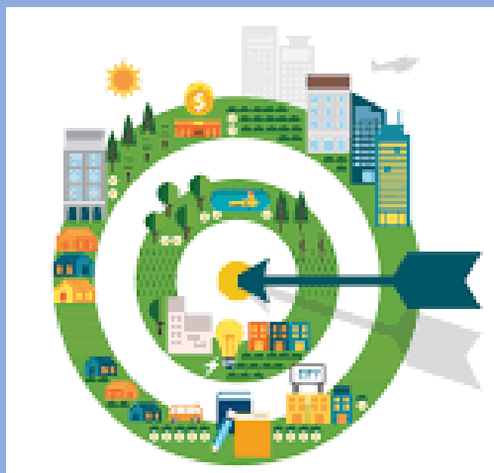
Equality for all (Standardisation)

Equity for communities with greatest health inequity (Prioritise)

Equality

- Consistent messaging to public
- Data
- Staff training
- Care Pathways

Equity



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Example 1: Covid Vaccination in Pregnancy Uptake

Target wards identified

IMD

- Rank 1: St Matthews, Preston
- Rank 2: Blackburn Central, Blackburn
- Rank 3: Claremont, Blackpool
- Rank 4: Ewood, Blackburn
- Rank 5: Deepdale, Preston
- Rank 6: Bloomfield, Blackpool
- Rank 7: Audley and Queen's Park, Blackburn
- Rank 8: Trinity, Burnley
- Rank 9: Little Harwood and Whitebirk, Blackburn
- Rank 10: Daneshouse and Stoneyholme, Burnley

Ethnicity

- Rank 1: Daneshouse and Stoneyholme, Burnley
- Rank 2: Bastwell and Daisyfield, Blackburn
- Rank 3: Little Harwood and Whitebirk, Blackburn
- Rank 4: Roe Lee, Blackburn
- Rank 5: Shear Brow and Corporation Park, Blackburn
- Rank 6: Audley and Queen's Park, Blackburn
- Rank 7: Blackburn Central
- Rank 8: Wensleyfold, Blackburn
- Rank 9: Hyndburn Central, Accrington
- Rank 10: Deepdale, Preston

GP

- Rank 1: Bay Medical Group, Heysham and Morecambe
- Rank 2: Issa Medical Centre, Preston
- Rank 3: Lancaster Medical Practice, Lancaster

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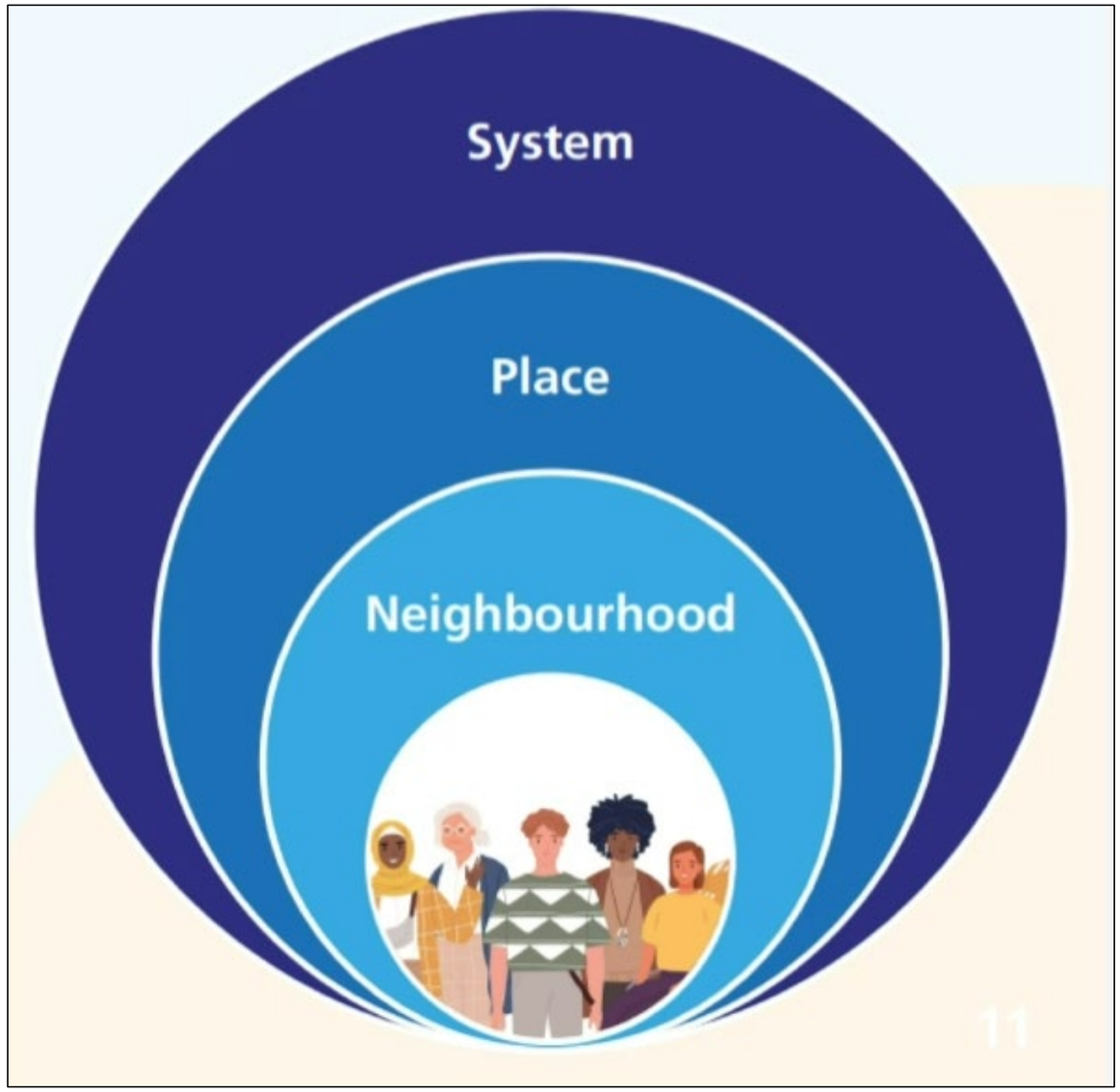
Example 1: Covid Vaccination in Pregnancy Uptake

Whole-system (community) approach


System
Place
Neighbourhood
11

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The Covid-19 Vaccination in Pregnancy Advocate Role

CViPA posts funded by £30, 000; April – September 2022

The role of the CViPAs included:

- mapping health and community assets in the target areas;
- engaging with practitioners (midwives, health visitors, GPs) and with VCFSE leaders within target areas;
- providing key messages and supporting myth-busting with practitioners and community leaders
- facilitating basic training - provided universally for maternity staff, and a targeted approach for other members of the workforce – saturating localities;
- facilitating reflection by colleagues across the workforce, to consider their personal views or experiences of providing messages, and to support them to adhere to their Codes of Conduct;
- co-producing bespoke action plans to improve covid vaccination literacy with the Maternity, Children and Young People's workforce, teams within refuge and asylum seeker accommodation and with community, voluntary and faith sectors in order to improve covid-19 vaccination in pregnancy;
- supporting the development of 7 minute briefings for the workforce;
- supporting the planning and implementation of co-located vaccination sites within antenatal clinic settings.

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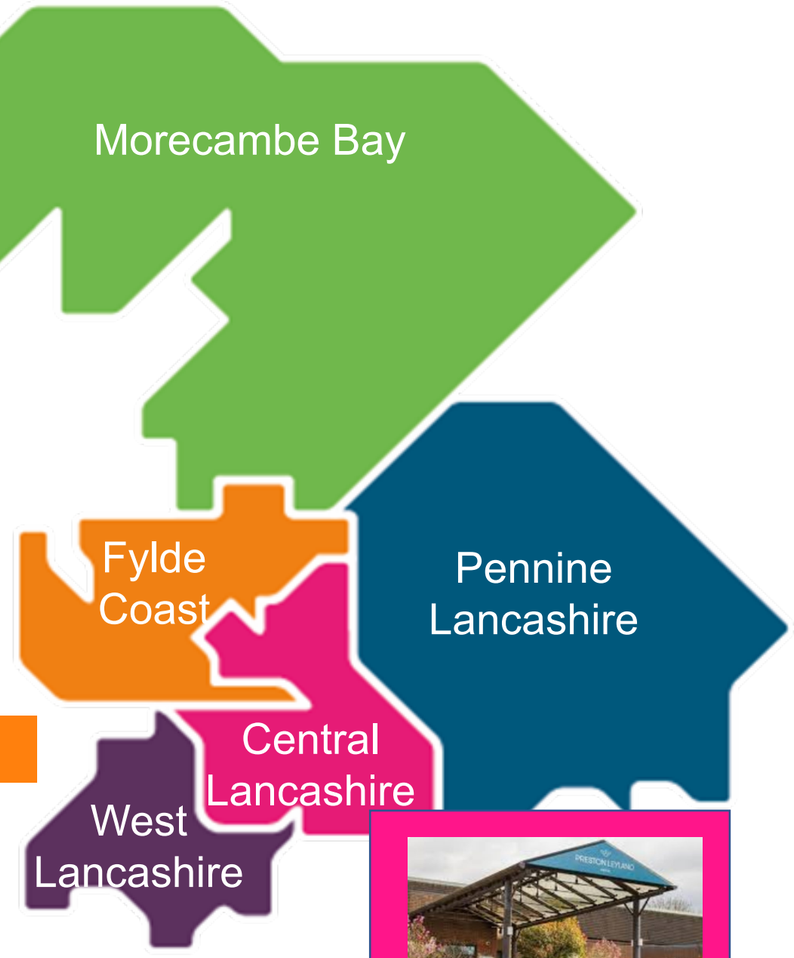
Outputs: Targeted Communities

8x Wards across 3 localities, 2 asylum seeker hotels, 1 travellers' site



Claremont, Blackpool - IMD

Blackburn Central - both

Daneshouse and Stoneyholme, Burnley - both

Bastwell and Daisyfield, Blackburn - Ethnicity

Little Harwood and Whitebirk, Blackburn - both

Trinity and Gawthorpe, Burnley - IMD

St Matthews, Preston - IMD

Deepdale, Preston - IMD

Outputs: 136 Services / Organisations / Teams Engaged:

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- 6 schools
- 1 college

- 8 Local Authority Teams incl:
- Early Help
- Children's Services
- Healthy Lifestyles
- Refugee Services

- 10 midwifery teams
- 24 GP practices
- 8 Health Visiting Teams
- 3 Healthwatch organisations
- 1 Community Pharmacy
- 1 Executive Medical Director / Deputy Chief Executive
- 10 Pop-up Vaccination Sites
- 3 Antenatal Clinic Vaccinations Centres
- 2 Mass Vaccination Sites

- 21 Advocacy organisations, food banks, charities, voluntary organisations
- 19 Mosques, Churches, Spiritual Centres, Hospital Chaplaincy
- 19 Neighbourhood, Family and Community Hubs and Centres

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Qualitative Impacts:
Supporting and standardising

Lived Experience of an Asylum Seeker: Impact on Reducing Health Inequalities:

Metropole Case Study CViP

Improving data:
Through regular contact with our target practices and regular review of the uptake by their registered patients, discrepancies were identified between their internal sources and that being analysed by our BI.

By coordinating and facilitating a deep dive discussion with practice and CSU BI, a difference in parameters was identified and a technical guidance for data metrics was developed.

Improving information provision:
Many women at one practice reported to their midwives that the reason they were declining the vaccine was based on information given to them by their GP. The midwives fed this back to the CViPA who engaged with the Practice Manager to organise training for practitioners to myth-bust and to provide the evidence-base. All pregnant women registered there were contacted by the practice with revised information and uptake rates significantly increased as a result.

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Quantitative Outcomes: Priority Communities

IMDD: Impact on Reducing Health Inequalities

Initial analysis on 10/05/22, analysis of ranking repeated on 15/08/22

IMD

Ward	Rank on 10/05/22	Rank on 15/08/22	Narrative
St Matthews, Preston	1	No longer in top 15	
Blackburn Central	2	5	
Claremont, Blackpool	3	1	Although 9 less unvaccinated women on 15/08/22
Ewood, Blackburn	4	6	
Deepdale, Preston	5	No longer in top 15	
Bloomfield, Blackpool	6	11	
Audley and Queen's Park, Blackburn	7	10	
Trinity, Burnley	8	9	
Little Harwood and Whitebirk, Blackburn	9	7	Only 1 additional unvaccinated woman
Daneshouse and Stoneyholme	10	2	Although 1 less unvaccinated woman on 15/08/22

Ethnicity

Ward	Rank on 10/05/22	Rank on 15/08/22	Narrative
Daneshouse and Stoneyholme	1	1	
Bastwell and Daisyfield, Blackburn	2	2	
Little Harwood and Whitebirk, Blackburn	3	3	
Roe Lee, Blackburn	4	4	
Shear Brow and Corporation park, Blackburn	5	5	
Audley and Queen's Park, Blackburn	6	5	Although 7 less unvaccinated women
Blackburn Central	7	5	Although 6 less unvaccinated women
Wensleyfold, Blackburn	8	5	Although 6 less unvaccinated women
Hyndburn Central	9	No longer in top 15	
Deepdale, Preston	10	No longer in top 15	

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Example 2: Identifying geographical enhanced Continuity of Carer teams: to enhance the care of families practising close relative marriage

Several communities practice close relative marriage, which is associated with many social benefits. In the UK, families with Pakistani heritage practice it most commonly.

Pennine Lancashire identified nationally as a high need area. Project ongoing to improve genetic literacy of workforce and communities and to optimise local and regional pathways of care.

Recruited/commissioned CRM MW, Genomic Associate and HomeStart service, with ongoing recruitment of a CRM Paediatric/Neonatal Nurse.

Felt by community members to be a stigmatised practice – continuity of carer from a workforce with diversity reflective of the local community would facilitate relationships built on trust and is known to optimise earliest intervention and personalised care planning.

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Priority 4c, (Local) Intervention 5ii: Vaccination in Pregnancy

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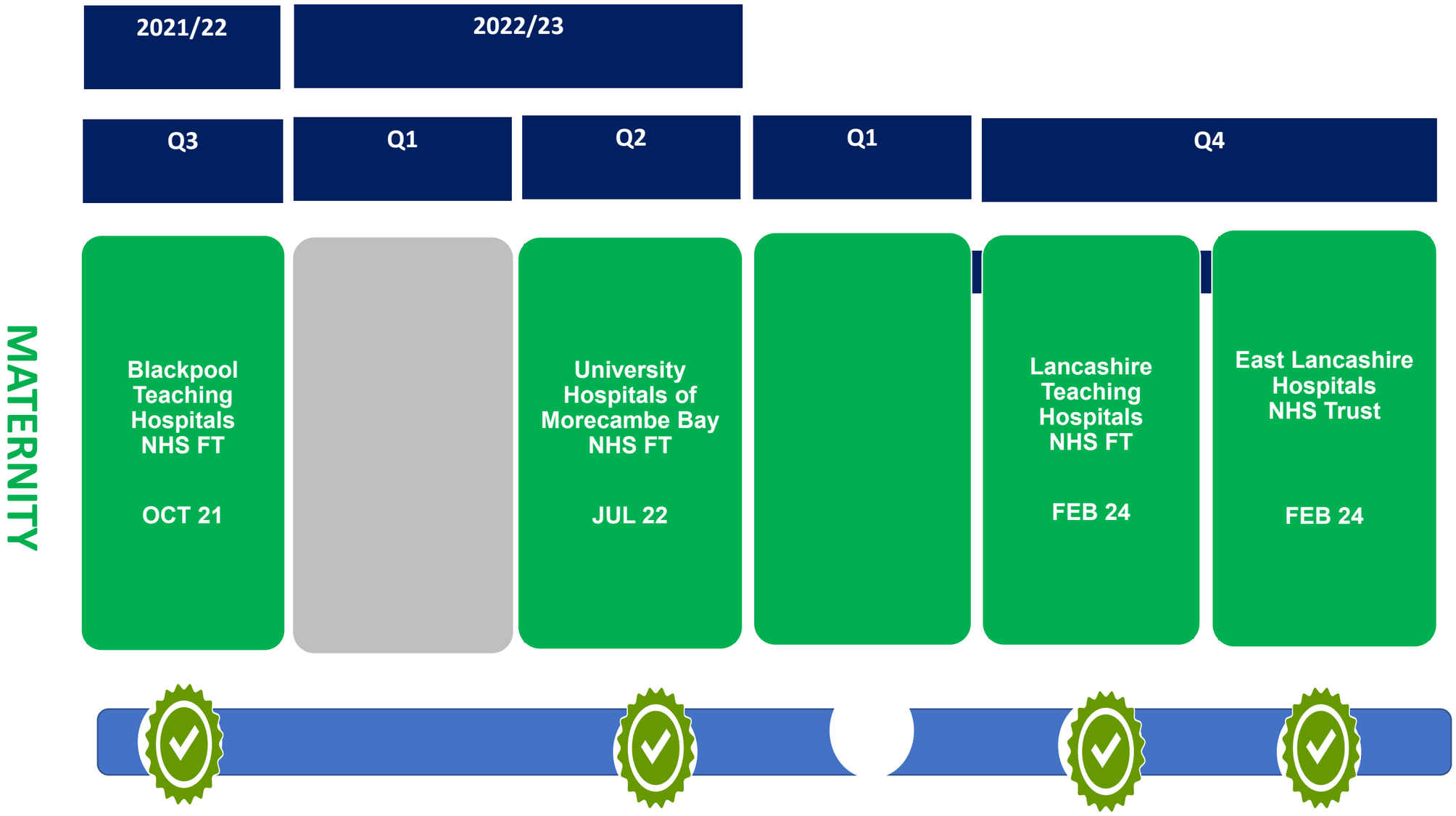
NEEDS UPDATING FOR VACCINATION SERVICES – (CURRENT SLIDE IS FOR SFP)



KEY: Service Fully Est. | Service Started | On Track | Possible Delay

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Maternity Immunisation Programme

Pertussis

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ICB/LA	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	% Increase in Uptake since Sept 23
England	57.8	58.9	59.4	59.5	59.8	58.9	58.9	58.9	59.0	60.9	62.7	64.5	65.9	8.1
North West	55.7	57.0	59.8	58.2	59.9	58.4	57.5	56.8	57.7	58.7	61.4	64.3	65.1	9.4
Lancashire and South Cumbria	**56.7**	**57.1**	**62.3**	**60.4**	**63.3**	**60.9**	**62.9**	**62.2**	**62.6**	**61.7**	**66.5**	**67.9**	**65.4**	**8.7**
Greater Manchester	50.1	51.7	54.5	53.5	53.8	51.9	51.5	49.5	50.9	51.9	55.8	60.0	62.8	12.7
Cheshire and Merseyside	63.0	64.9	65.0	63.4	65.7	66.0	61.7	63.3	63.9	66.1	65.4	67.7	68.1	5.1
Blackburn with Darwen	43.6	53.8	54.8	53.1	54.2	53.3	47.4	54.2	53.8	53.7	60.8	62.4	57.3	13.7
Blackpool	49.5	44.3	46.6	45.2	54.7	45.5	49.0	38.8	40.4	42.4	52.2	56.9	56.1	6.6
Chorley & S Ribble	55.3	57.1	64.1	60.4	68.6	72.3	66.7	70.4	67.2	60.9	66.9	61.5	56.5	1.2
East Lancashire	56.7	51.9	56.5	57.3	57.1	58.2	56.0	59.0	60.1	60.6	61.5	68.2	63.6	6.9
Greater Preston	52.4	59.0	56.1	57.7	62.1	55.8	64.9	60.8	63.2	53.4	69.4	68.2	68.4	16.0
Morecambe Bay	70.1	70.8	78.1	78.2	78.5	78.0	77.6	77.5	79.5	79.1	84.9	77.0	83.8	13.7
West Lancashire	65.1	75.9	69.6	74.2	74.2	73.5	77.9	68.6	70.5	75.0	74.6	87.3	76.2	11.1
Fylde & Wyre	65.6	55.6	72.7	57.1	64.8	62.7	70.4	65.9	63.9	66.3	64.0	66.7	58.4	-7.2

Uptake of pertussis vaccine in LSC is usually above England rates (but fell just below in September 24).

Variation in rates seen at LA level – from 56.1% in Blackpool to 83.8% in Morecambe Bay (Sept 24)

Fylde & Wyre is the only Place where uptake in Sept 2024 was below that of Sept 2023 (but note dip uptake in Sept – this may be a one off as previous months saw higher uptake)

Source data: GOV.UK – Data to September 2024

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Maternity Immunisation Programme

RSV – LSC - Uptake rate of those currently eligible (as of 18/3/25) cannot be used / published

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3. Uptake for Women Currently in their 3rd Trimester

ICB: **NHS Lancashire And South Cumbria Integrated Care Board**

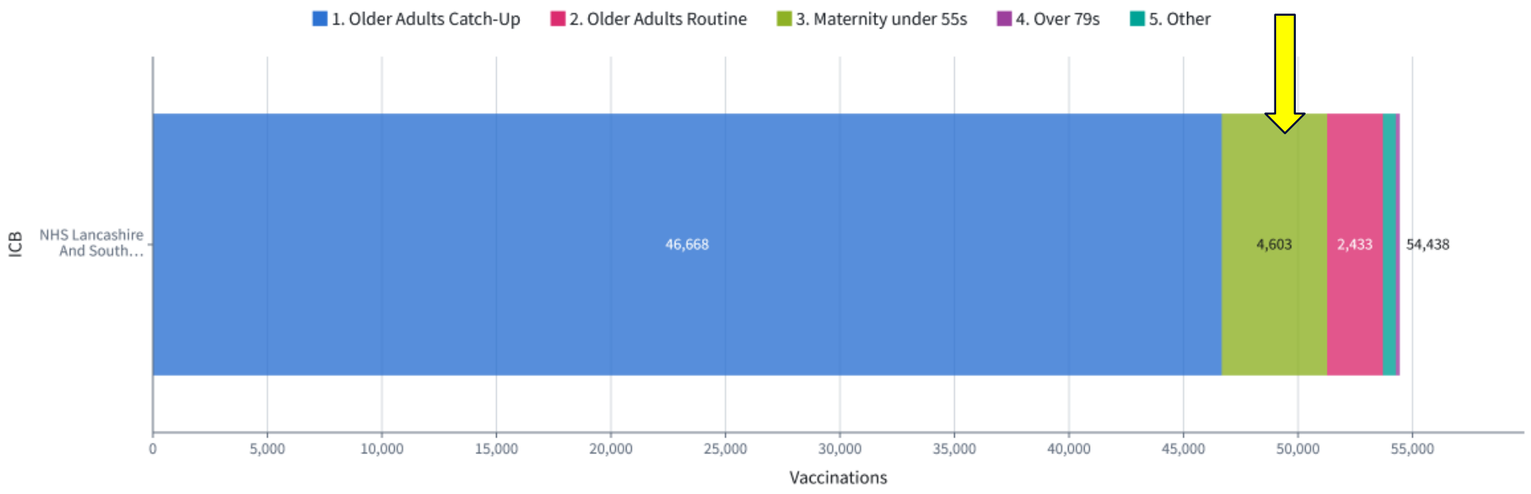
Events	3rd Trimester Population	uptake%
1,443	4,137	34.9%

England: 36.9%

RSV – LSC - Activity (to 18/3/25)

ICB Activity By Cohort Chart

Region: **North West**, ICB: **NHS Lancashire And South Cumbria Integrated Care Board**



In total since programme introduced 4,603 pregnant women have received the RSV vaccination in LSC

To date vaccines delivered by:
Trusts: 2,628
GP: 1,975

Note this is contrast to C&M where more women were vaccinated by their GP

FDP Data Notes: Maternity under 55s: In the absence of a maternity flag in the dataset, the assumption made is that any woman aged under 55 who receives a vaccination is pregnant and any vaccination events are included in this cohort.

Source data: Federated Data Platform – Data Extracted 19/3/25

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Flu Programme – 2024/25 Season

Data to end of Jan 24

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ICB Code	Place (using previous CCG names - some areas are not co-terminus)	All Pregnant Women % uptake			
		24/25	23/24	22/23	21/22
Y62	**North West Commissioning Region**	**32.8**	**29.1**	**32.2**	**35.7**
QE1 ICB	**NHS Lancashire and South Cumbria ICB**	**30.8**	**25.8**	**29.3**	**32.5**
00Q Sub ICB	NHS Blackburn With Darwen CCG	21.4	20.8	22.8	24.8
00R Sub ICB	NHS Blackpool CCG	27.4	21.8	24.9	29.7
00X Sub ICB	NHS Chorley and South Ribble CCG	33.6	30.3	32.3	34.2
01A Sub ICB	NHS East Lancashire CCG	25.4	23.5	29.3	33.1
01E Sub ICB	NHS Greater Preston CCG	29.4	24.3	29.0	26.5
01K Sub ICB	NHS Morecambe Bay CCG	45.0	32.6	32.4	42.2
02G Sub ICB	NHS West Lancashire CCG	34.5	26.9	30.5	34.5
02M Sub ICB	NHS Fylde & Wyre CCG	35.6	29.7	35.4	37.8
TOTAL	**England Total**	**34.8**	**31.8**	**34.7**	**37.6**

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Priority 4c, (Local) Intervention 6: Maternal Nutrition

Also links to Priority 1, Intervention

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Perinatal Nutrition

Supporting health and wellbeing choices

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PAN project

Prioritising and Addressing Need

Perinatal Nutrition was commissioned and developed as a collaborative programme by Lancashire and South Cumbria Integrated Care System, UCLan and All4Maternity.

The aim was to address inequities and injustice regarding sub-optimal nutrition through an effective collaborative education programme.

Collaboration counts

Maternal nutrition in focus

- Essential for optimal health and wellbeing for childbearing women, people, fetus', newborns and families.
- Poor maternal nutrition linked to poor outcomes:
  - Low birth weight
  - congenital anomalies
  - gestational diabetes
  - pre-eclampsia
- Increased morbidity/mortality MBRRACE (2024) 37% of women who died had BMI over 30 and 27% were overweight.

LSC focus

1:5 pregnant women are classified as obese (NHS England, 2020).

Over 1/3 live in the most deprived areas in England, with many families struggling to afford healthy, nutritious food

Equity and equality

Food poverty and insecurity

Impact of cultural beliefs and practices

Delayed or limited access to antenatal care

Lack of awareness amongst staff and wider communities

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Addressing a gap

Debbie Gornall, working with Alex Murphy, UCLan and All4Maternity developed and disseminated a TNA and identified local training needs.

Decision made to develop a training toolkit for under and post-graduate health professionals

Pilot project with student midwives.

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Meet the Team

This training programme has been developed by

Gill Thomson

Professor in
Perinatal Health

Victoria Moran

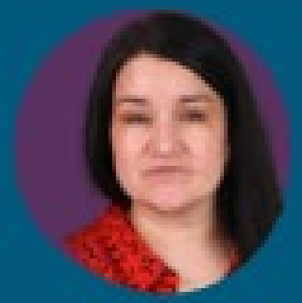
Reader in
Maternal Nutrition

Christina Feltham

Senior Lecturer
in Midwifery

Louise Stewart

Student
Midwife



Anna Byrom

Creative Director
Midwife

Sophie Ray

Senior lecturer
in Midwifery

With support from Alex Murphy, Debbie Gornall, MNVP leads, and LSC ICS Equity and Equality Board

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Programme UClan and UoC

01	02	03	04	05	06
Concepts of weight and cultural understandings	Causes and impact in childbearing, birth and beyond	Weight monitoring and measurement	Microbiome and nutritional programming	Nutritional inequities	Guidance, care and personalised care considerations

Student midwives

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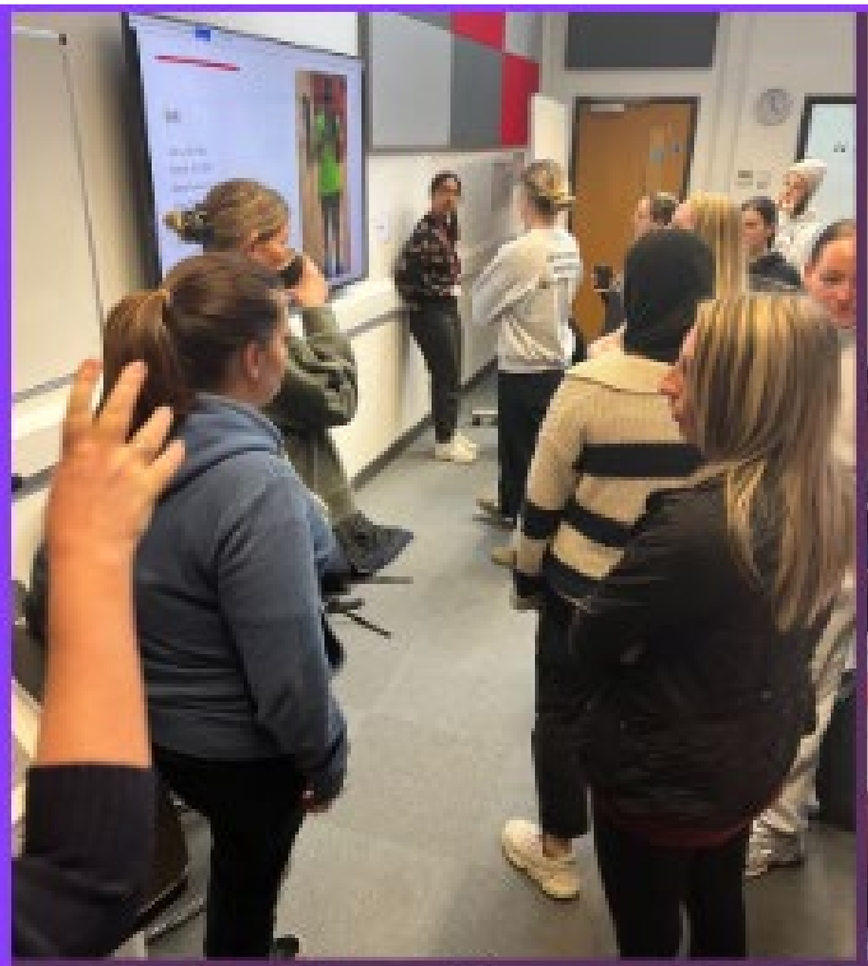

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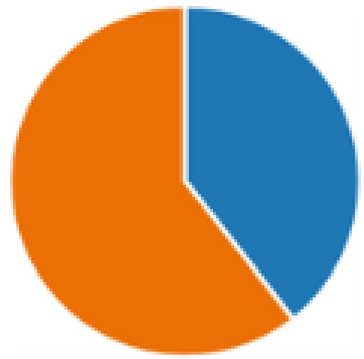
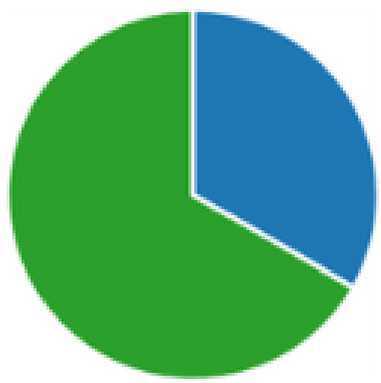
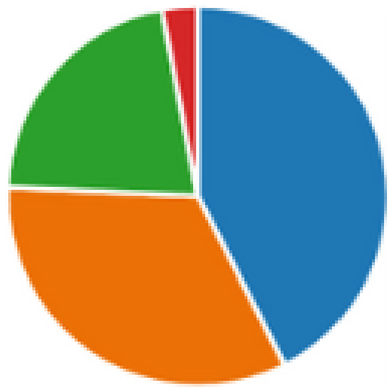
Which University are you studying midwifery?	What is your year of midwifery studies?	What is your age range?
		
University of Central Lancashire 26 University of Cumbria 40	1st year Midwifery Direct entry 22 2nd year Midwifery Direct entry 0 3rd year Midwifery Direct entry 44 Short course Midwifery progra... 0	18-24 years 28 25-34 years 22 35 -44 years 14 Above 45 years 2

66 Respondents

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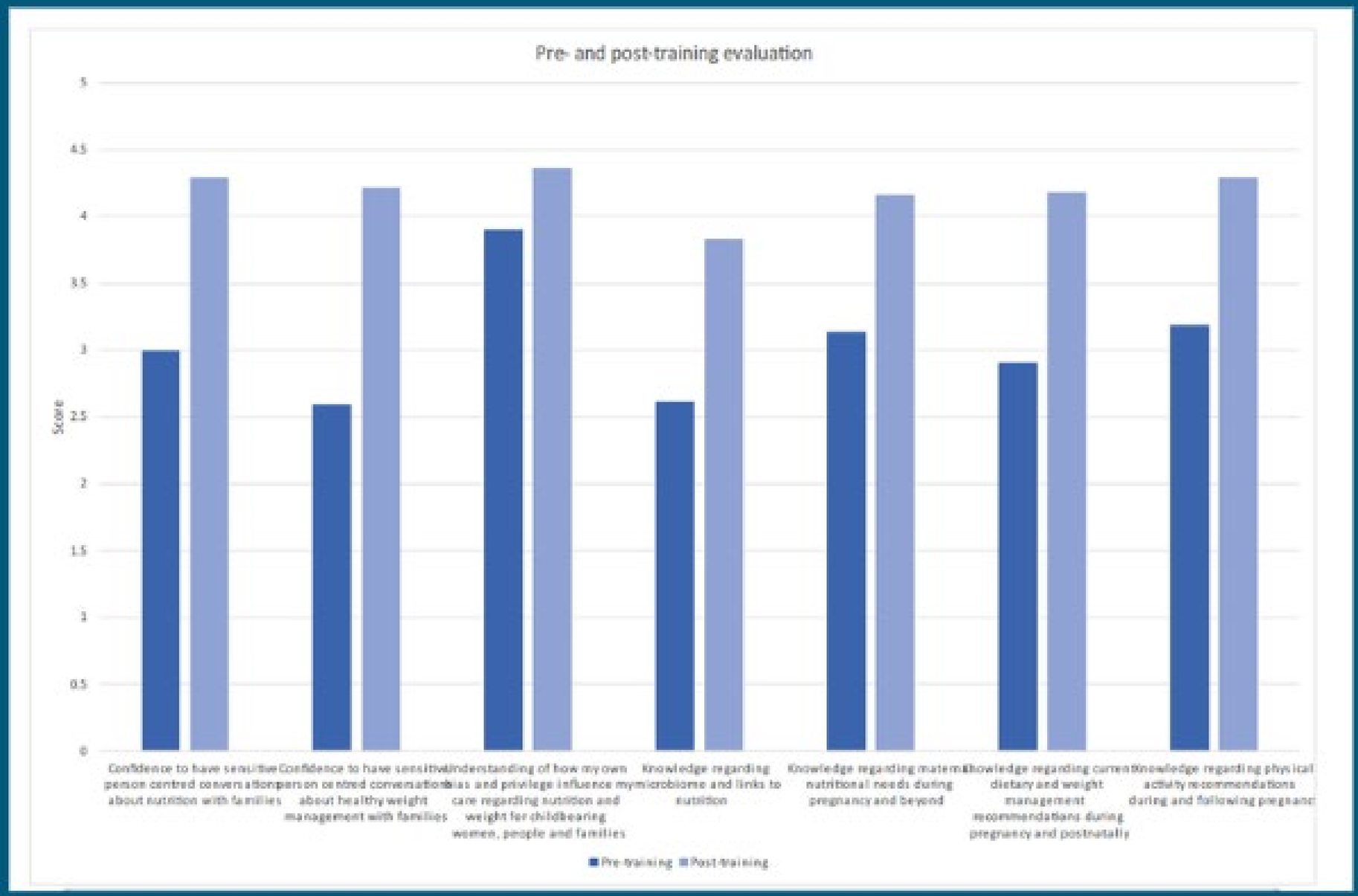
Confidence
- increased

Knowledge
- increased



100%

Agreed they had knowledge and confidence

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Positive feedback

01 Interactivty and engagement

02 Facilitator and teaching style

03 Informative content and learning outcomes

04 Confidence and application

04 Environment and satisifcation

"Lots of interesting information that I wasn't aware of."
"The microbiome stuff was very interesting! Wish we had more time on that!"
"Good refresh on nutrition in pregnancy–beneficial when on community placement during booking appointments."
"Nothing like the NHS guidance, much more applicable to real women in real life."
"Very informative, great PowerPoint with pictures, easy to understand."

"It was really interesting, and I would feel more confident in speaking to women and families."
"I think this session gave a lot more detail than you would ever find on Google or the NHS website. I feel more confident now in this aspect of the career."
"It made me think about how I can talk to people with a higher BMI in a compassionate way."

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Areas for improvement

Information overload

Timing

More interactivity

Tailored sessions

"Quite a long session, found at the end of the day I was not concentrated."
"Maybe have the session over 2 days if possible?"
"Possibly break it up a little. It was very long but interesting!"

"More group work to keep it interactive."
"I feel this could be split up into different work groups perhaps."
"More scenarios of different women/birthing people's situations, both physically and socioeconomically."

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Next steps

Action points

Education Sessions:
1.Split Sessions and Tailor Content by Experience Level

- Break sessions into multiple shorter ones to avoid cognitive overload and provide more in-depth exploration of key topics like the microbiome.
- Tailor content to different experience levels (e.g., first-year vs. third-year students).

2.Increase Group Work and Case-Based Learning

- Incorporate more interactive group activities and real-world case studies to enhance engagement and help students apply their learning to practical situations.

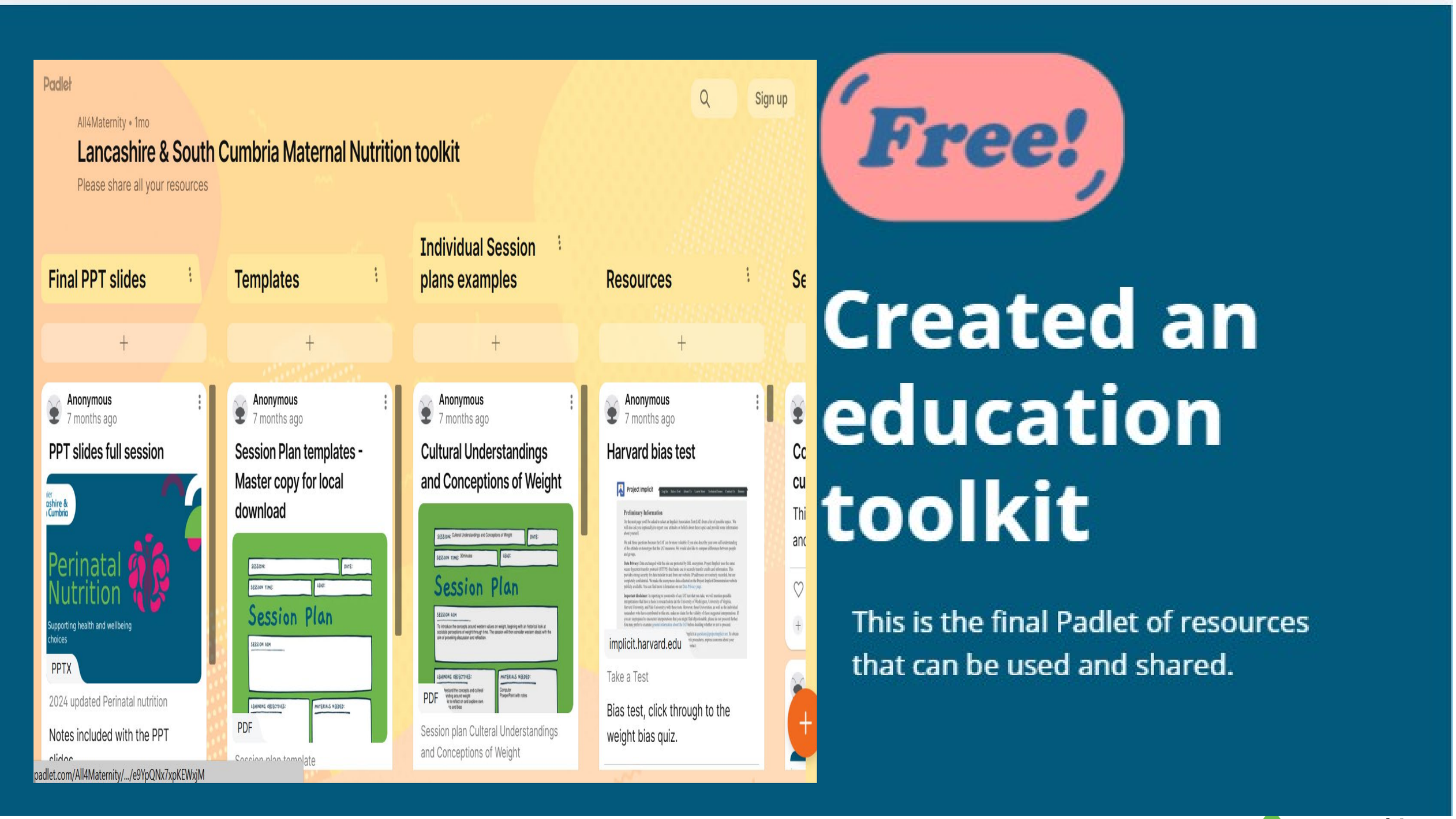
3.Enhance Use of Visual and Digital Learning Tools

- Integrate more visual aids, such as infographics and videos, to simplify complex concepts and maintain student engagement.

Click here to access the padlet:

Lancashire & South Cumbria Maternal Nutrition toolkit

Lancashire and South Cumbria Integrated Care Board



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Ongoing communication and connections

Institute of Health Visiting
Excellence in Practice

LANCASHIRE FAMILY HUBS NETWORK

Perinatal Pelvic Health Services

Aneleigh Schofield

HOME START

Blackpool Better Start

Next Steps

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Priority 4c, (Local) Intervention 7: Pre-eclampsia and Placental Growth Factor

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South Cumbria

Innovation for Healthcare Inequalities Programme

Lancashire and South Cumbria

Maternity project

Enhancing access to care and Community engagement

4th April 2025

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Integrated Care Board

NHS ENGLAND'S INNOVATION FOR HEALTHCARE INEQUALITIES PROGRAMME (INHIP)

aimed to

address local healthcare inequalities experienced by deprived and other under-served populations

ACCELERATED ACCESS COLLABORATIVE

NHS England's National Healthcare Inequalities Improvement Programme (HiQiP)

Healthier Lancashire & South Cumbria

Health Innovation Network

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Healthier Lancashire & South Cumbria

1. INFORMING

Health education regarding signs and symptoms of pre-eclampsia and informing about PLGF screening

2. LISTENING

Capturing preferences regarding EMCoC funding spending

Improving community engagement and access to care

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Integrated Care Board

Healthier Lancashire & South Cumbria

PHASE ONE LEARNING

Shared feedback Nationally and to Board July 2024

Value of:

- Strengthening partnership working
- Enabling effective learning environments for students
- Information sharing in group settings

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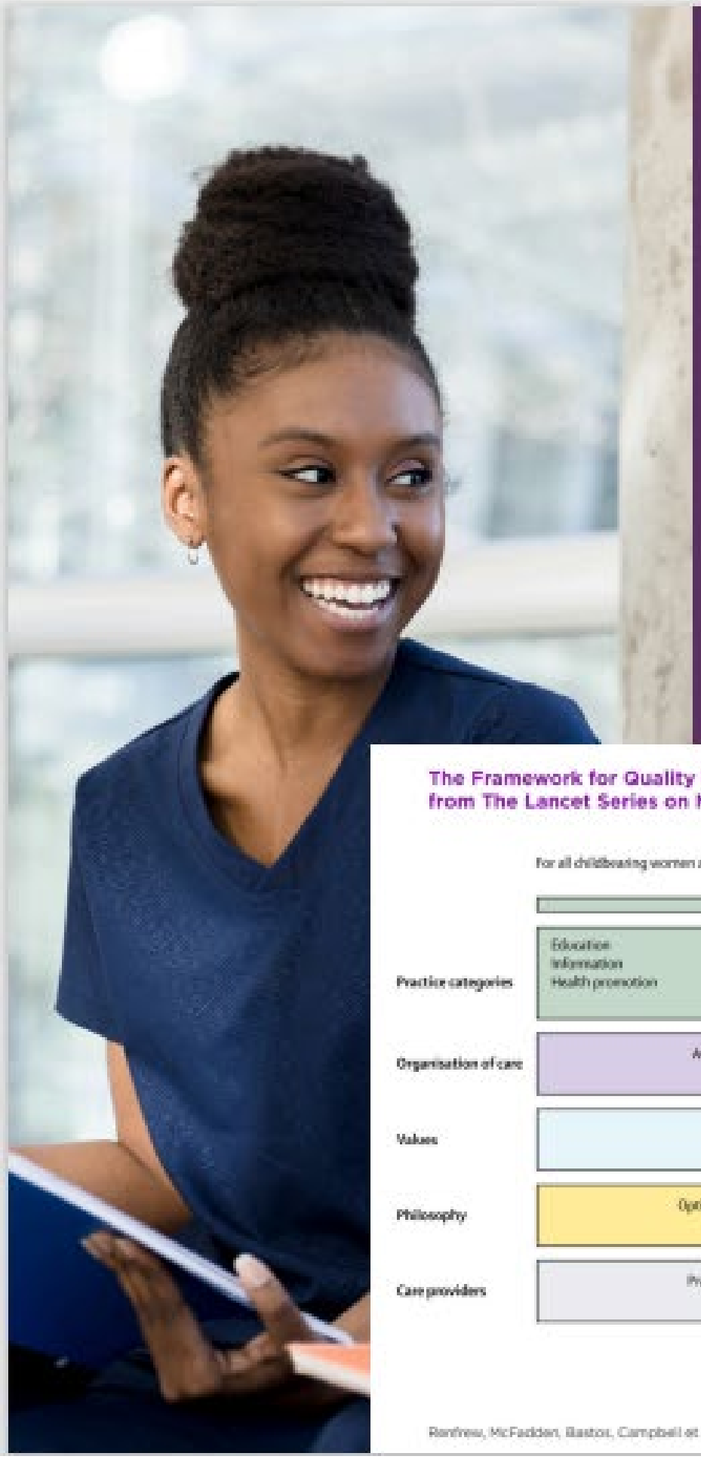
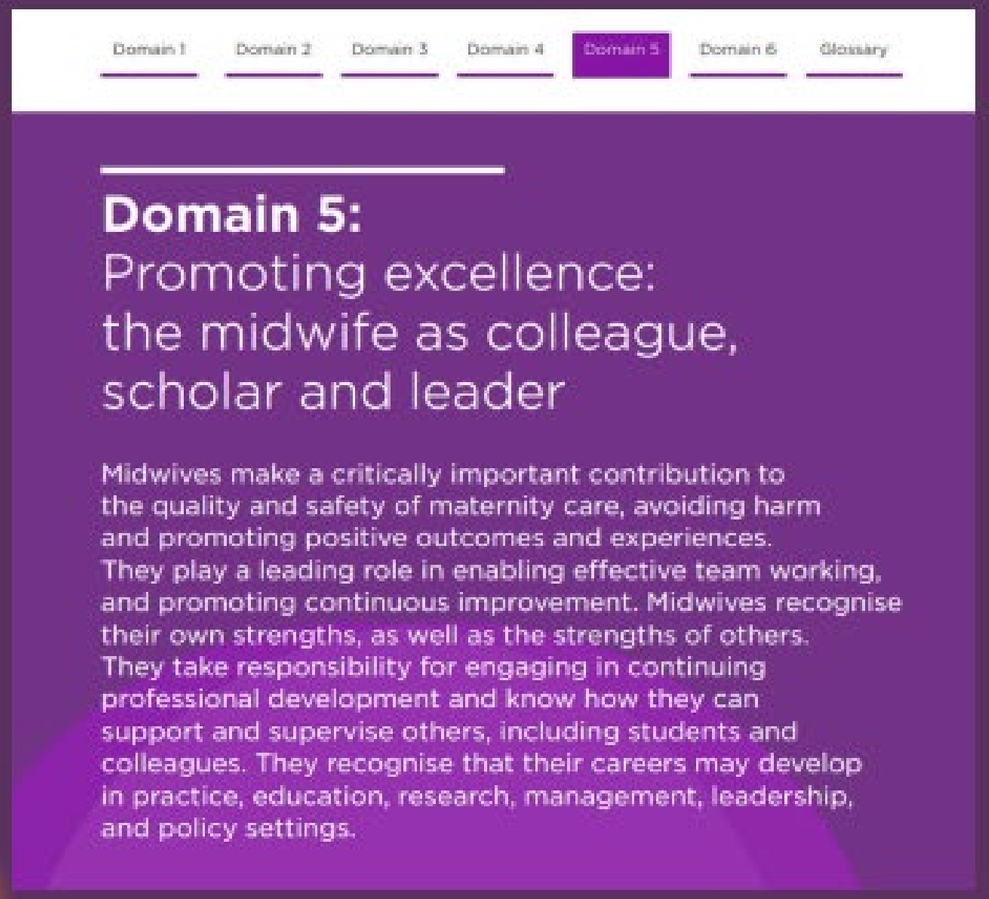
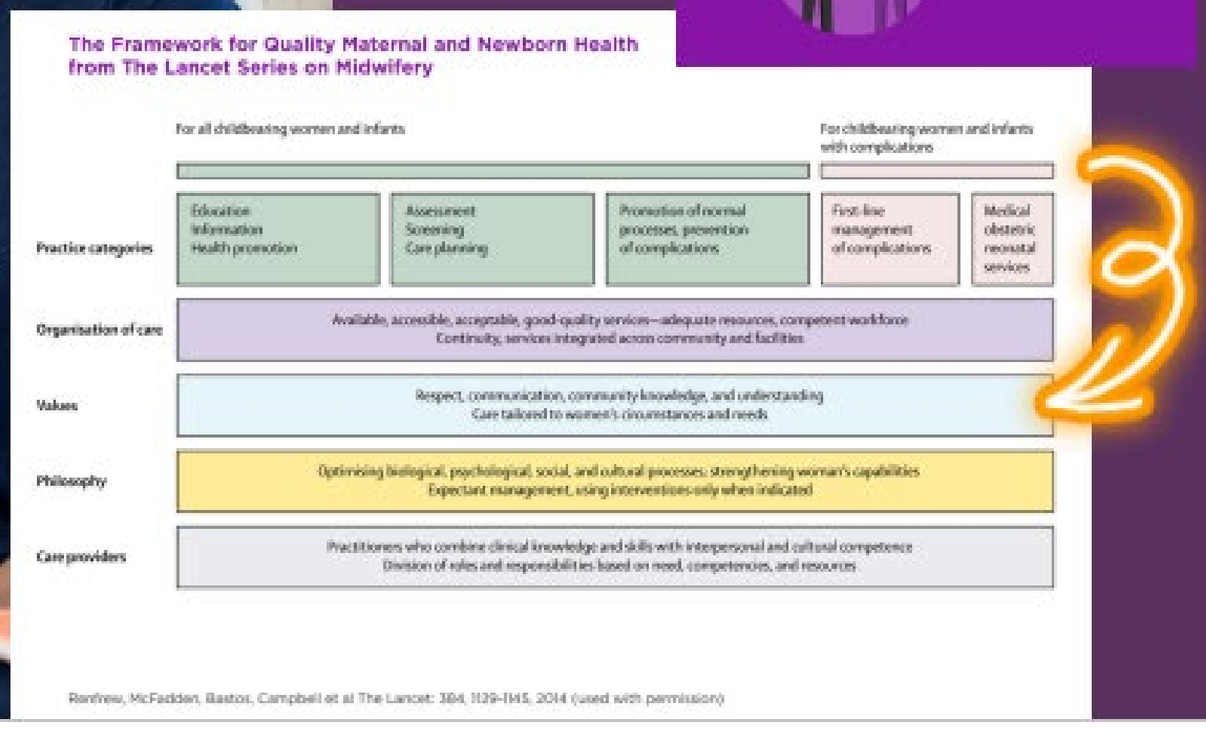
Phase two focus -

1. Strengthening Staff awareness of PlGF
2. Disseminating training to other family engagement settings
3. Formalising student curriculum toolkit and student learning and engagement
4. Enhancing student engagement with the VOS and Charitable sectors
5. Developing enhanced digital resources




nmc
Nursing & Midwifery Council
Standards of proficiency for midwives
Originally published: 10 November 2019


Domain 1
Domain 2
Domain 3
Domain 4
Domain 5
Domain 6
Glossary
Domain 5:
Promoting excellence: the midwife as colleague, scholar and leader
Midwives make a critically important contribution to the quality and safety of maternity care, avoiding harm and promoting positive outcomes and experiences. They play a leading role in enabling effective team working, and promoting continuous improvement. Midwives recognise their own strengths, as well as the strengths of others. They take responsibility for engaging in continuing professional development and know how they can support and supervise others, including students and colleagues. They recognise that their careers may develop in practice, education, research, management, leadership, and policy settings.


The Framework for Quality Maternal and Newborn Health from The Lancet Series on Midwifery
For all childbearing women and infants
For childbearing women and infants with complications
Practice categories
Education
Information
Health promotion
Assessment
Screening
Care planning
Promotion of normal processes, prevention of complications
First-line management of complications
Medical obstetric neonatal services
Organisation of care
Available, accessible, acceptable, good-quality services—adequate resources, competent workforce
Continuity, services integrated across community and facilities
Values
Respect, communication, community knowledge, and understanding
Care tailored to women's circumstances and needs
Philosophy
Optimising biological, psychological, social, and cultural processes; strengthening woman's capabilities
Expectant management, using interventions only when indicated
Care providers
Practitioners who combine clinical knowledge and skills with interpersonal and cultural competence
Division of roles and responsibilities based on need, competencies, and resources
Renfrew, McFadden, Bastos, Campbell et al The Lancet: 384, 1129–1145, 2014 (used with permission)

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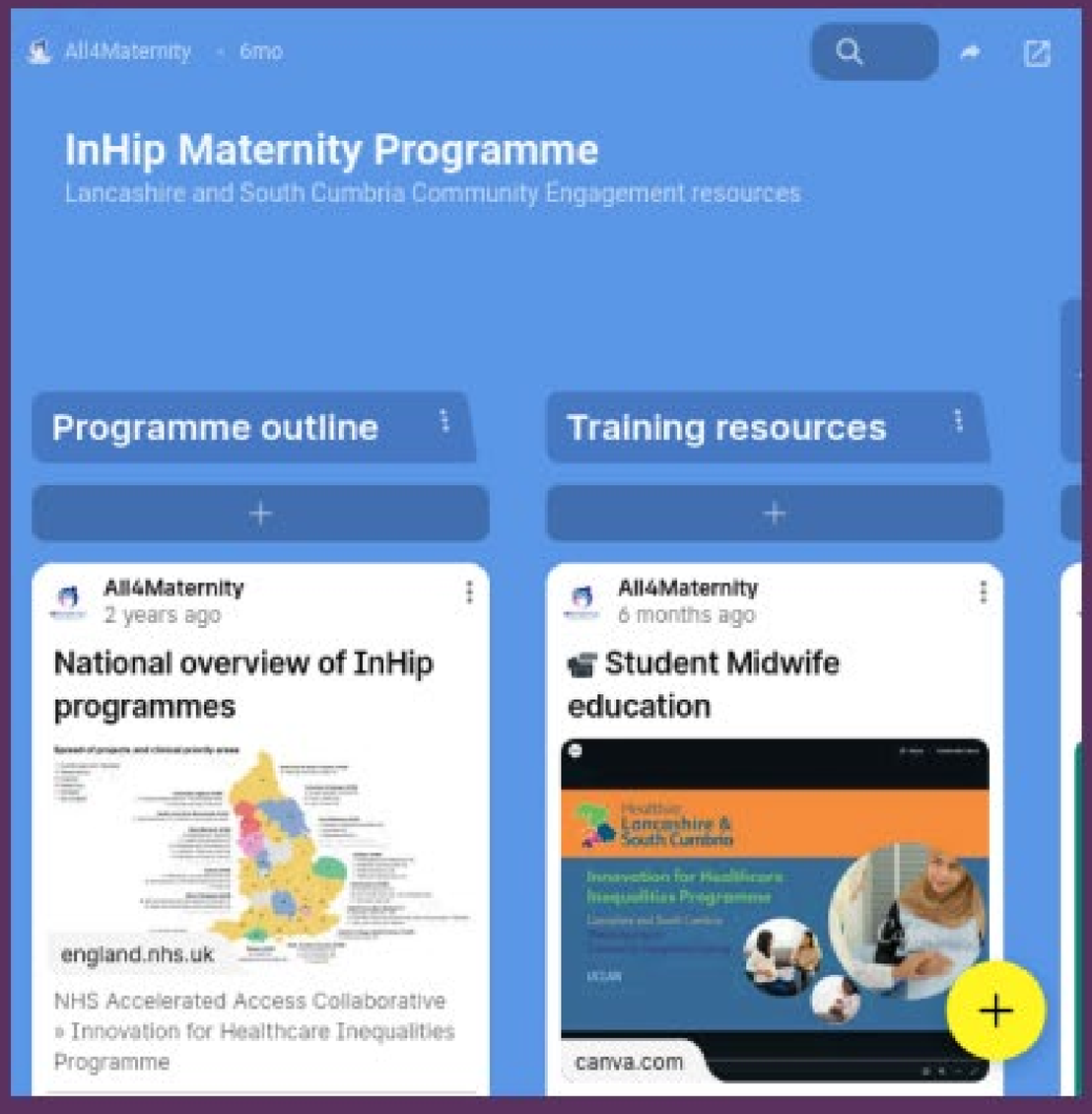
EDUCATION TOOLKIT



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Student Midwife Community

Dec 2024

Developed a working group

- Home Start East Lancs
- All4Maternity
- UCLan
- Student midwives with previouscommunity engagement experience

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Meeting to discuss placement plans

- Lead Midwife for Education, PL UCLan
- Course/programme leaders, UCLan
- ELHT placement lead, UCLan
- Genetic lead, Innovation lead, Scheme manager, Home Start EL
- Student reps

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UCLan student engagement session

- ELHT placement lead, UCLan
- 2nd year midwifery students
- Genetic lead, Innovation lead
- 6 students volunteered to be involved in the pilot

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Dec 2024 | Jan 2025 | 12th Feb 2025 | March 2025

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Placement preparation

- HSEL placement capacity and opportunity review
- NMC SoP review and mapping
- Confirming student numbers

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6 ELECTIVE PLACEMENT OPPORTUNITIES

From June 2025

HOME START in East Lancashire

Learning opportunities:

Maternity

"Maternity Ward" volunteers visit the Lancashire Women and New Born Centre in Burnley offering emotional support to parents on NICU, Post-natal and Ante-natal wards

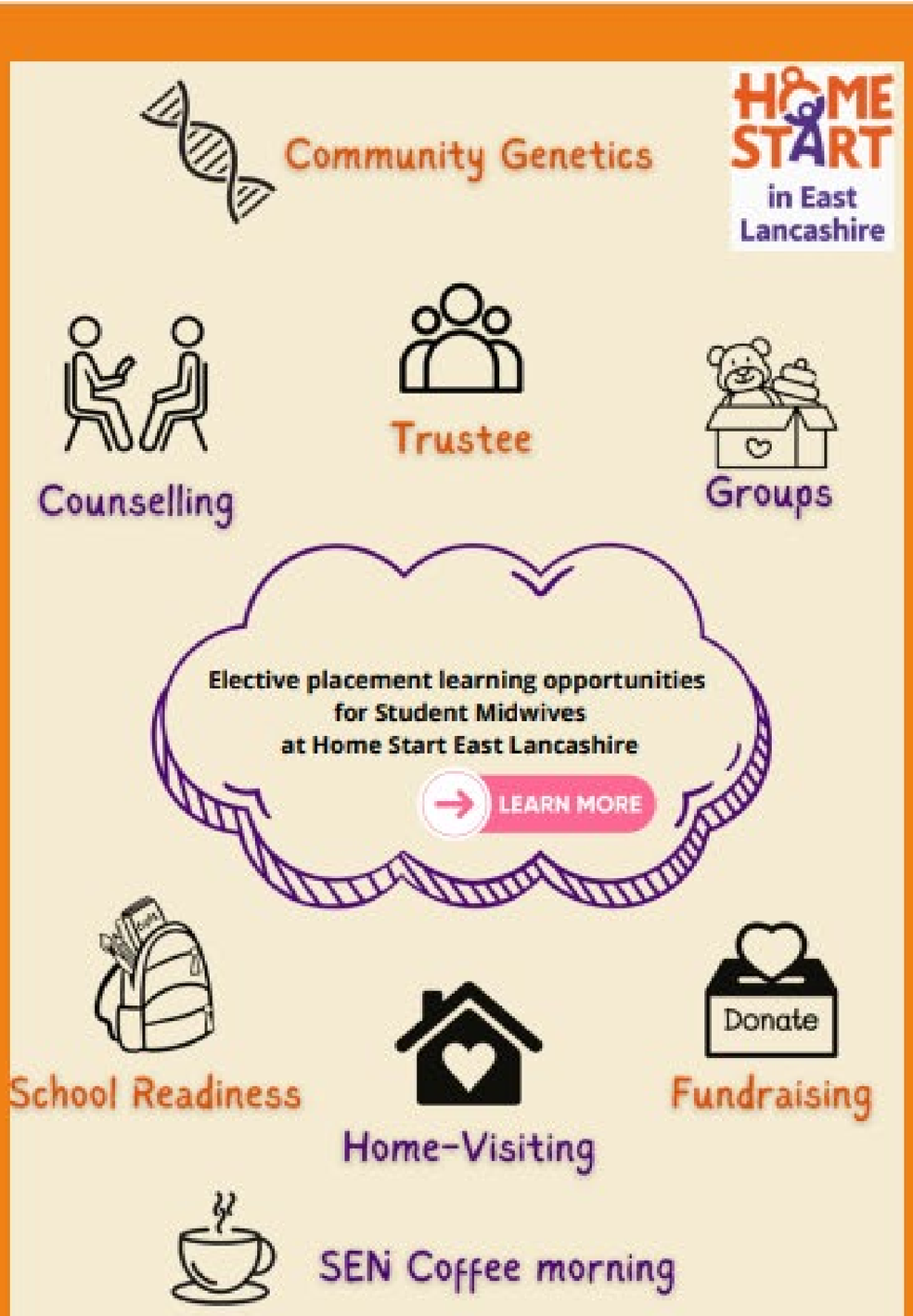
Pre- Birth

Our "Pre-birth" support volunteers visit a first time mum to be at home helping them to get ready for baby's arrival and for motherhood

First 10 Days

"First 10 days" volunteers support first time mums when they first come home with baby. Providing practical and emotional guidance, helping a new mum to cope.

Other Volunteering Opportunities are available at Home-Start



NEXT STEPS

- Deliver a HSEL preparation session for the 6 students - May 2025
- Placement audit to be coordinated via UCLan
- Support from UCLan educators and All4Maternity
- Gathering formal feedback from the pilot to inform future placements
- Disseminate across other Home Start and VSO settings

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Priority 4c, (Local) Intervention 8: CORALS Birth Afterthoughts Service

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Prioritising and addressing equality and equity needs (PAN project) across Lancashire & South Cumbria LMNS – Project Brief

Project Lead:
Anna Byrom and Gill Thomson

Start: INSERT DATE

End: INSERT DATE

Project Description

To help work towards implementation of the action plan, UCLan and All4Maternity have been commissioned to undertake two phases of work, aligned with key equity and equality priorities identified within the L&SC footprint. Phase one concerns the Coproduction and evaluation Of Resources for Afterbirth Listening Services following a traumatic birth (CORALS) project, and the second will be more exploratory that involves working with service leads and service-uses, and best available evidence to co-produce recommendations for an area of service need.

Key Deliverables (include products)

- Phase One dleiverables:
- Training resources creation and training delivery
- Service user resources and dissemination
- Development, implementation and evaluation of a prototype Afterbirth debriefing service
- Recommendations for roll-out
- Phase two deliverables:
- Creating a framework of strategies for identifying priorities, practice recommendations and action plans
- Creating action plans and associated resources linked

Key Dependencies (Specific deliverable from other project internal or external)

- Local service engagement
- Staff resource capacity
- Community engagement advocates
- Maternity Voice Partnership engagement
- Engagement of key enabler groups (digital, prevention, community engagement)

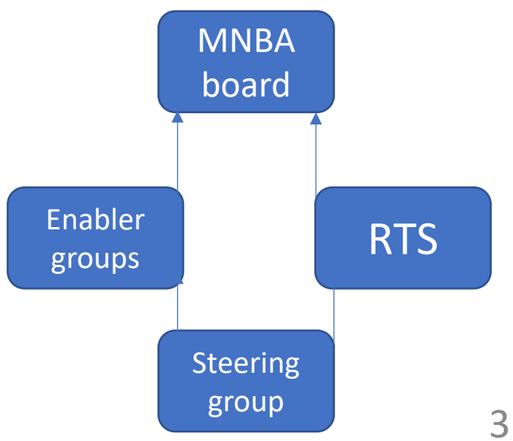
Key Benefits

- New service design for Afterbirth debriefing/listening services
- Reducing need for specialist perinatal mental health service, relieving pressure on the Reproductive Trauma Service
- Listen and co-produce ongoing service development priorities
- Evidence-based strategies and frameworks for identifying local priorities and actions

Process / Outcome Measures

- Meaningful data recording systems for after-birth debriefing service access and support
- Staff trained with appropriate skills
- Framework and recommendation for further service development
- Training and service-user resources
- Process mechanisms for future priority setting

Governance (add delete boxes as required)



Meetings: Virtual on MS Teams; When and recurrence E.g. monthly of 1st Friday of each month

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CORALS
BIRTH REFLECTIONS

CORALS PROJECT

Co-develop and evaluate a new birth listening service for women who have unanswered questions / experienced a difficult or traumatic birth

What is a Birth Reflections service

IT IS…..

- Discussion with maternity professional/s
- Opportunity for women/birth partners to tell story
- Missing pieces and unanswered questions
- Understand physiology of childbirth
- Women and family led
- Signposting/follow-up

IT IS NOT….

- Not counselling or therapy
- Not a complaints service
- Not a bereavement service

Evidence

- **Systematic review (Thomson 2024) - [A rapid evidence review of postnatal listening services for women following a traumatic or negative childbirth experience – ScienceDirect (n=27)]**
- **Interviews with providers (n=24)**
- **Interviews with service-users/consultations with marginalised populations (n=30)**
- **Information gifted by West Yorkshire & South Tyneside and Sunderland MMH services**
- **Co-produced (2.5 days) with:**
  - **Academics**
  - **Clinical lead/Clinical Psychologist**
  - **Specialist mental health midwives**
  - **Mental health practitioners**
  - **Service-user representative**
  - **Consultant midwife**

ALL paperwork produced –

- Care pathway
- Screening script
- SOP
- Communication – email correspondence, information sheet, (translated 5
- languages)
- Templates – running and recording the session
- Evaluation questions
- Data recording form

Referral considerations presentation

Ethics approval for evaluation
Data sharing agreement with Trust

Piloted the training

Admin post…..resources to go live – Spring?

Pilot service over 6 months – evaluation – interviews, service-related data (referrals, reasons, number of meetings etc)

Project milestones and timeline

2023

January-March: Contracts, UCLan ethics (phase one).
April-June: Scoping reviews undertaken (phase one and two), consultations with healthcare professionals/service-users (phase one); consultations with healthcare professionals (phase two)
July-September: Co-production/ designing training and service user resources (phase one); training of community engagement advocates (phase two)
September-Dec: Finalising/developing resources for afterbirth debriefing services – training of nominated staff (phase one); Community engagement advocates collecting data from service-users (phase two)

2024

January-March: Evaluation of afterbirth/debriefing services (phase one); Develop a framework of strategies, actions and resources (phase two)
March-June: Final report; dissemination activities

Key updates: May 2025

- Birth reflections coordinator post: This role will be managed by our Bereavement Lead Midwife and will incorporate bereavement and FMU. This is currently going through HR processes and whilst funding is ringfenced, this has been significantly slowed by the financial situation in the Trust. Job matching is awaiting finalisation. This role is crucial for the pilot go-live.
- Clinic slots: Helen Collier (Deputy CD) has identified enough Consultant PA's to enable two clinics per week of 4 hours (4 women per week). 2 hours of triage per week has also been identified. This will be taken to the Consultant body for discussion in June.
- Operational plans have been drafted by the Transformation Team and Consultant Midwife to progress towards go-live following the completion of the above actions.
- Work is ongoing with Gill Thomson from UCLAN to align the project to CORALs.
- The project will be monitored via Maternity Governance Board at ELHT, with presentations of updates and escalations.

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Priority 4c, (Local) Intervention 9: Perinatal Pelvic Health Services

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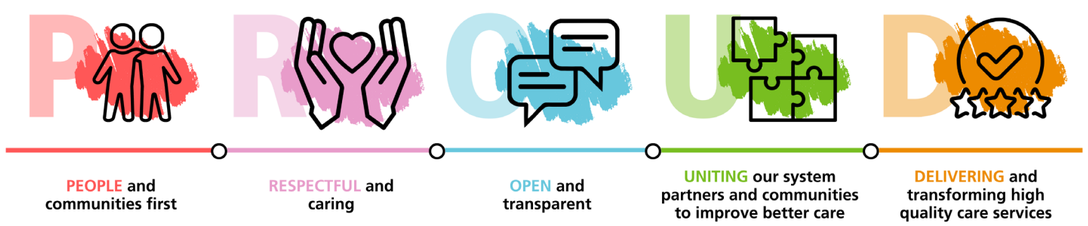
Perinatal Pelvic Health Service



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Drivers

- Service specification: Perinatal Pelvic Health Services (NHS, 2023)
- 2.1.3(a) "It is important that services are accessible, particularly for those most likely to face health inequalities" (p8).
- 2.1.3(b) "...ethnicity and postcode should be used to assess whether PPHS are being accessed at an equitable rate by those most likely to experience health inequalities". (p9).
- 2.2 "The service should be coproduced with a diverse range of service users – representative of the local population – to ensure that it meets the needs of and is accessible to all women, including those most likely to experience health inequalities" (p12).

Drivers

- Implementation guidance: Perinatal Pelvic Health Services (2023)
- 1.5 "PPHS should also conduct outreach work to consult with and listen to a diverse group of service users".
- 2.1 "Given poorer reported outcomes for ethnic minority women and those living in the most deprived areas across many aspects of maternity and wider healthcare…Systems should assess the demographics of the local population and inequalities in experience and outcomes for certain groups and ensure these are taken into account in the co-production of the local service offer."
- 2.1.1(a) "Monitor demographics of women attending events to assess whether all women can access the support".
- 2.1.1(a) "Place posters, banners and digital adverts around relevant clinics, maternity wards, GP surgeries, and community spaces local family centres".

Drivers

- Implementation guidance: Perinatal Pelvic Health Services (2023)
- 2.1.1 (a) "Work with local groups, charities, and organisations that pregnant and postnatal women engage with, particularly those working with seldom-heard groups."
- 2.1.1(c) "Self-referral empowers women to seek help, provides easier access to services, increases patient satisfaction, and promotes equality of access"
- 2.1.1(c) "Women with lower English-language fluency could be offered a telephone consultation via mobile language services, a one-to-one appointment with an interpreter, or a group class in their own language".
- 2.1.3(a) "PPHS should aim to provide care as close to a woman's home as possible, and ideally services would be located in the community, for example in community hospitals or family hubs. PPHS should also consider opportunities to work with other community-based teams...It is important that services are accessible, particularly for those most likely to face health inequalities".

Drivers

- Implementation guidance: Perinatal Pelvic Health Services (2023)
- 2.1.3(a) "PPHS should monitor the demographics of women using the PPHS against the demographics of the local population to assess whether it is being accessed at an equitable rate".
- 2.2. "A wealth of VCSE groups and other organisations offer support across the country to women on pelvic health"
- 2.3 "PPHS should particularly consider training and development needs to support the development of staff...offering student physiotherapy placements wherever possible"

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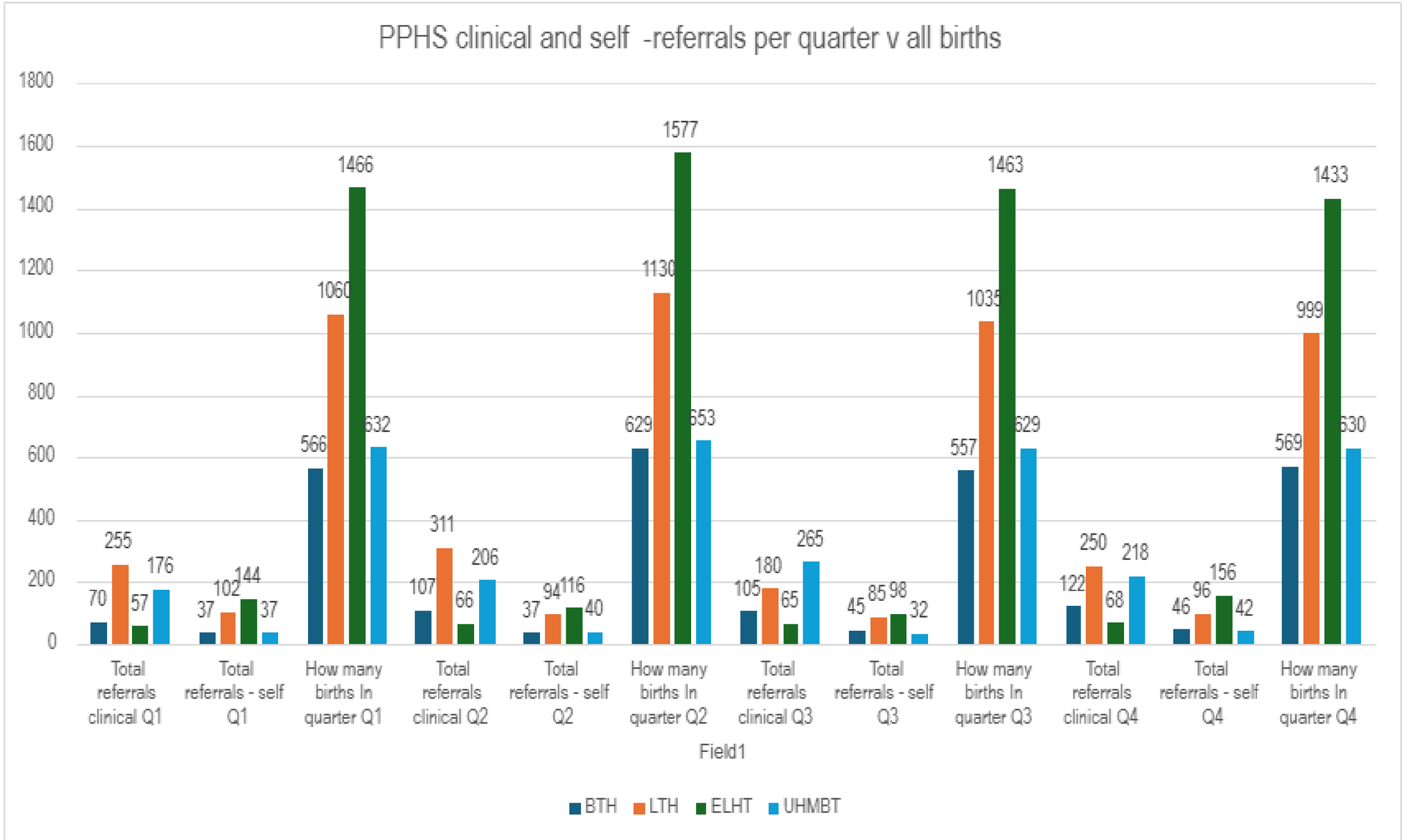
Insight – referrals 24/25



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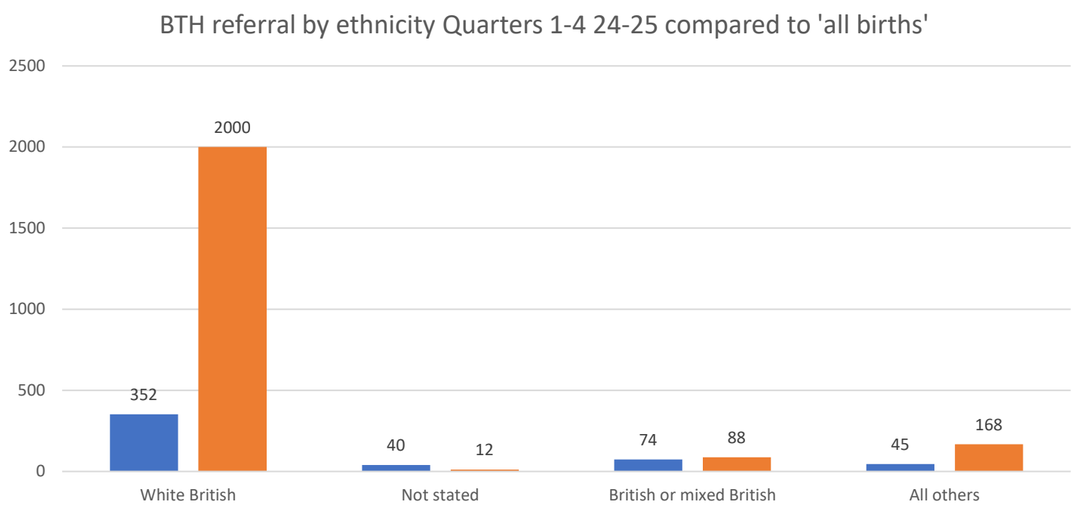
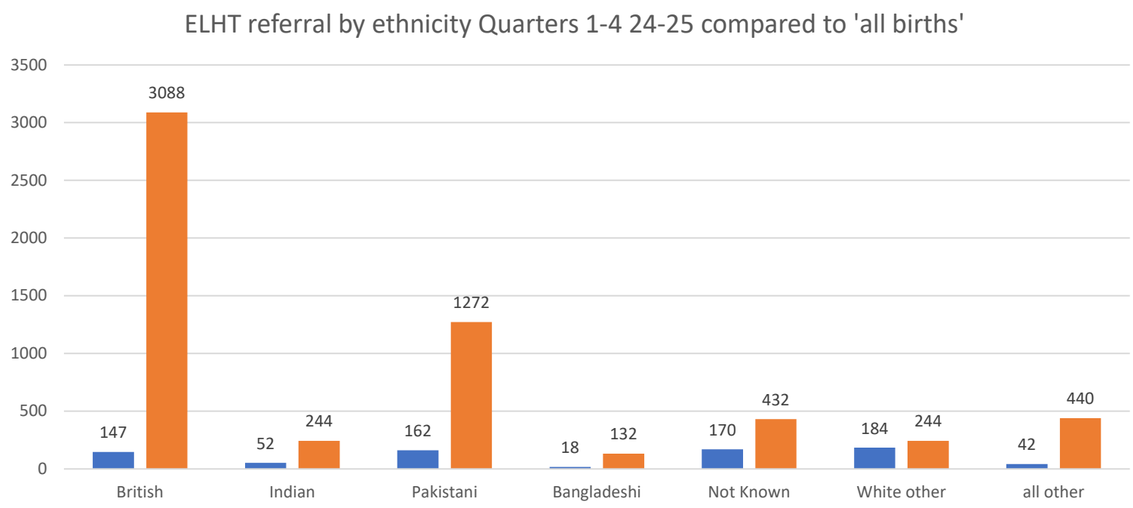
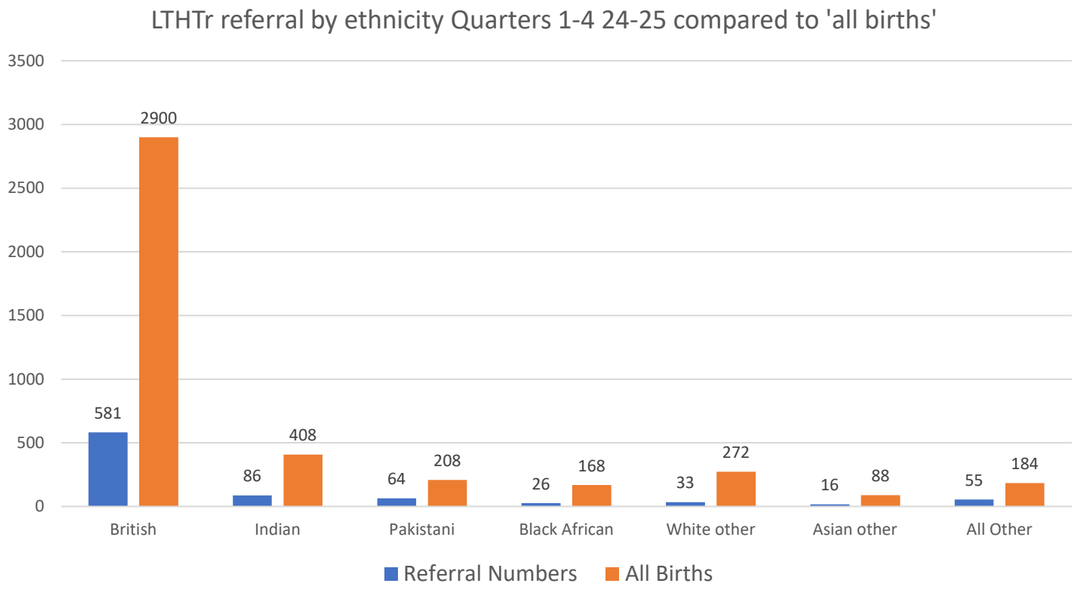
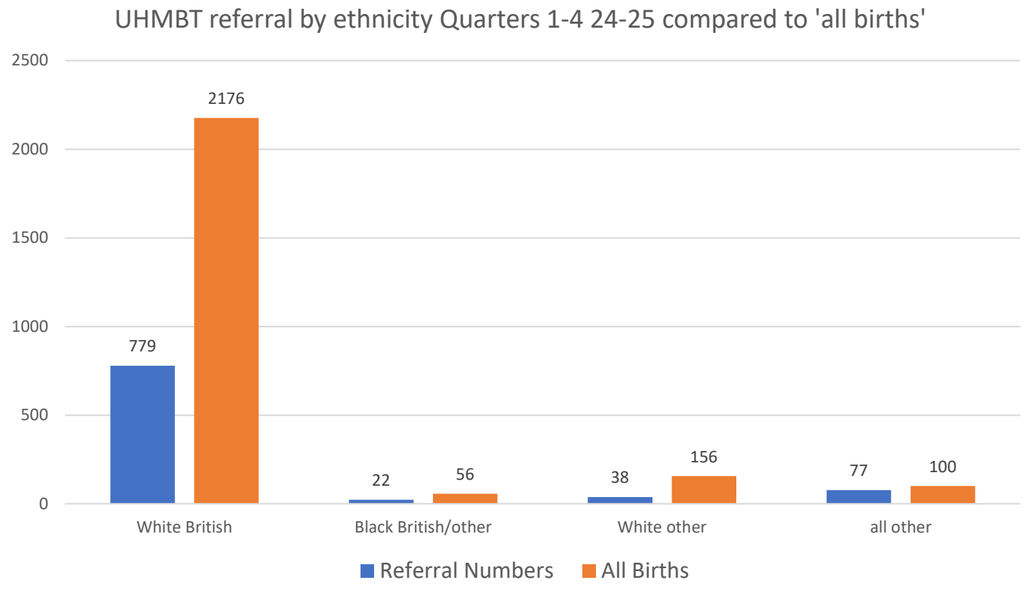
Insight – ethnicity









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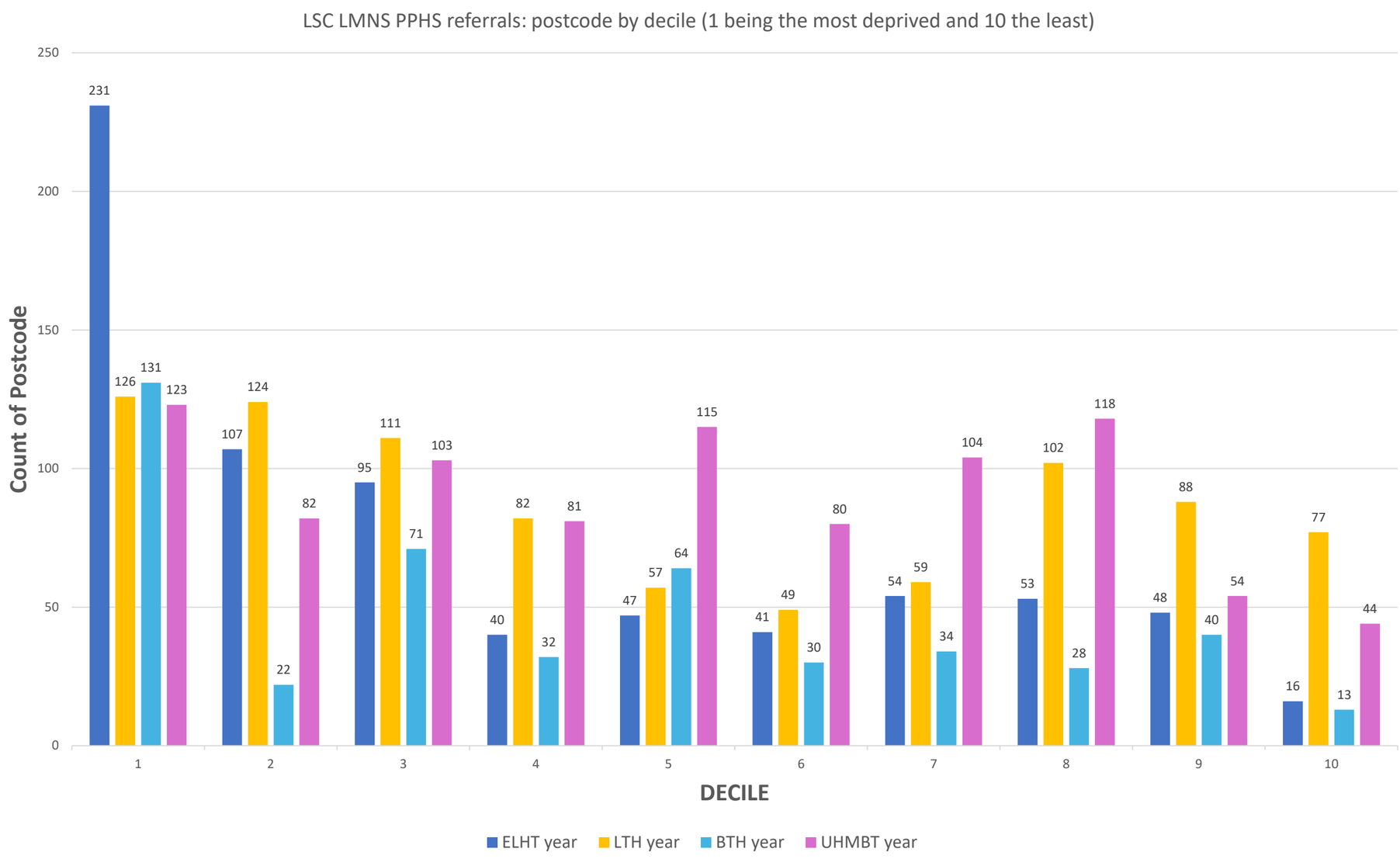
Insight – IMD



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Insight – other demographics

- Hold for additional demographic data
  - Sexual orientation / gender identity
  - Physical or mental disability
  - Age

Insight – service user feedback

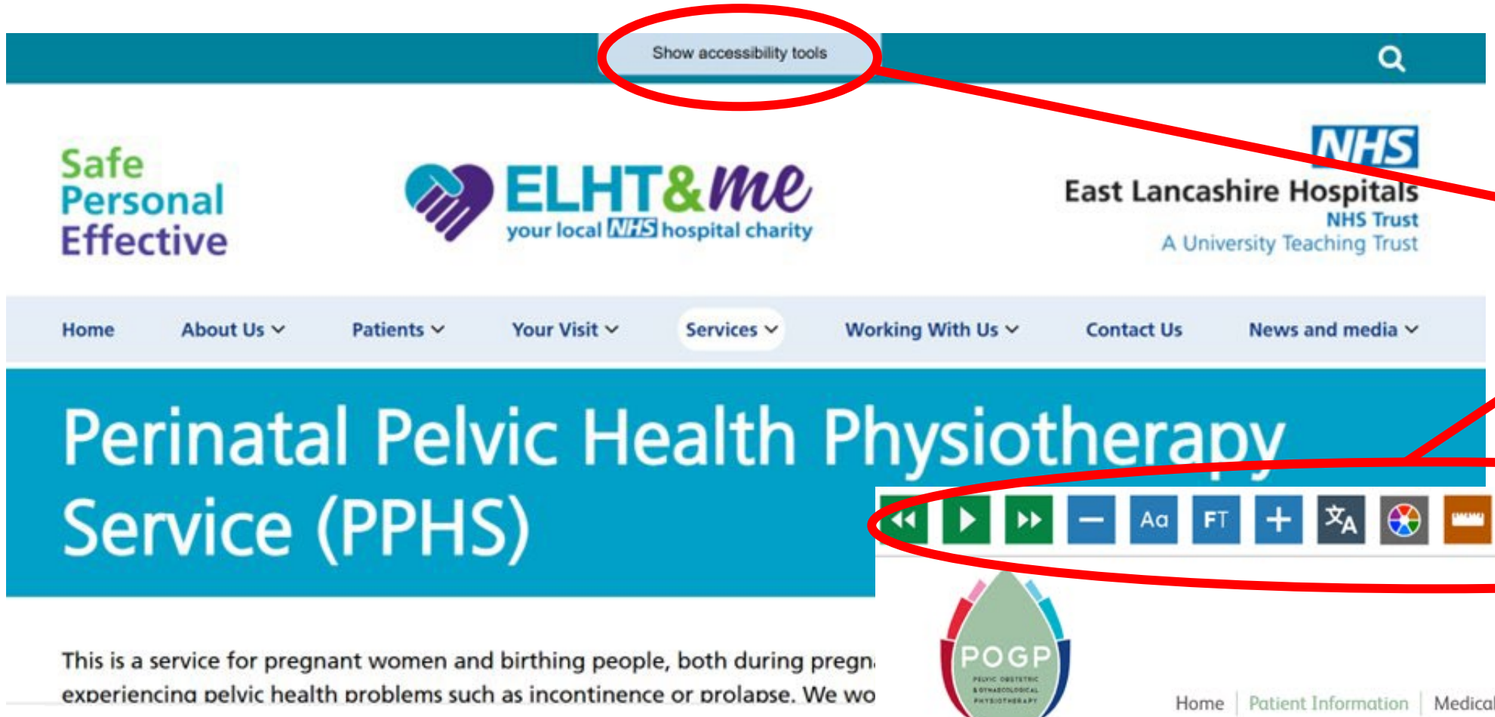
- System-wide PPHS survey return rate unreportable to date
- Local service user feedback mechanisms do not align with national KPIs

- Ann – info on returns to date

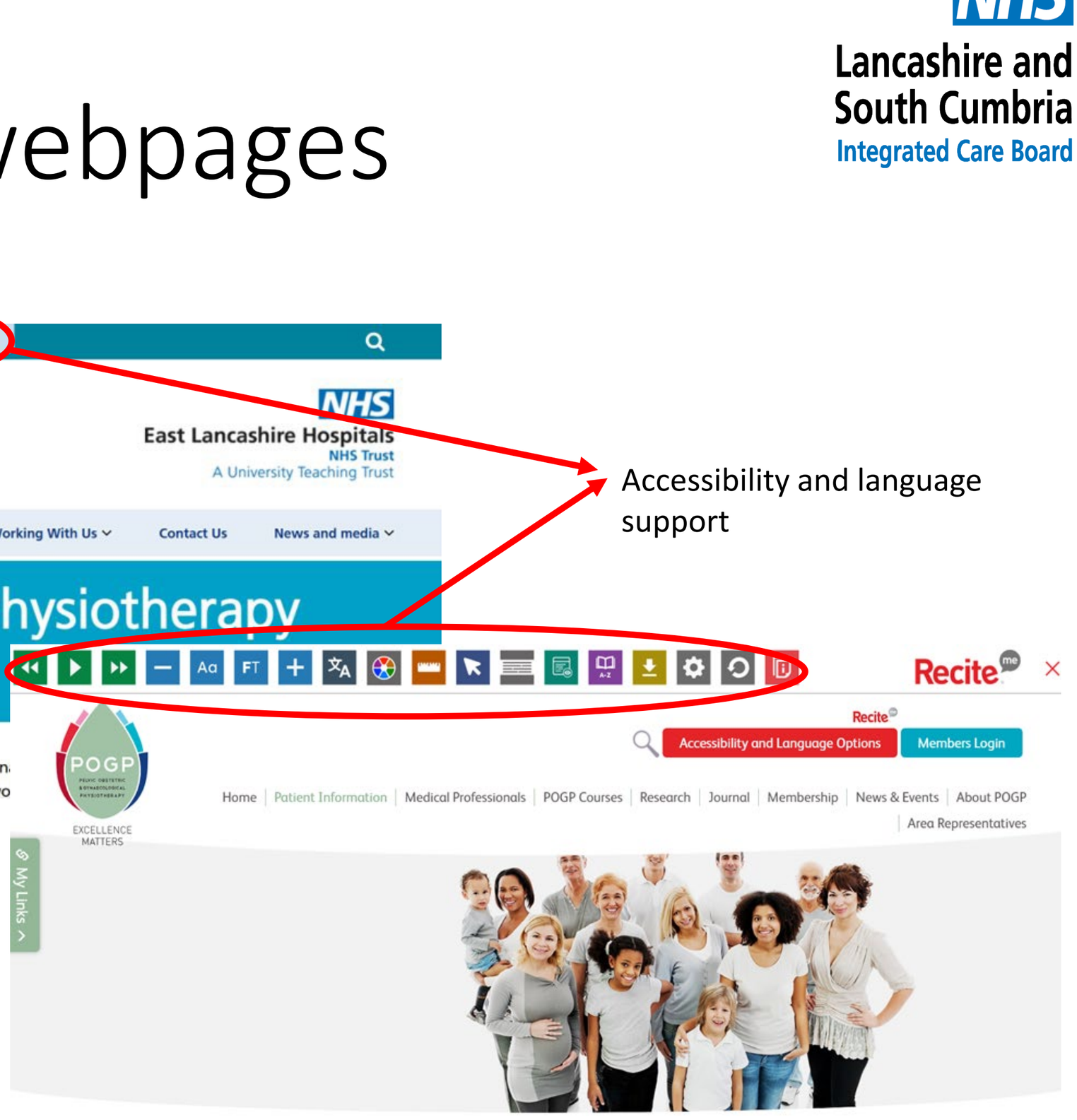
Resources - posters

Foreign language copies also distributed to GP practices. Languages dependent on local demographics

Resources - webpages



Accessibility and language support



Education and training

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Pre-registration

- Teaching on UCLan BSc Physiotherapy direct entry and degree apprenticeship programmes. MSc programme from 25/26.
- Teaching on UCLan and UoC Midwifery programmes from 25/26.
- Pelvic Health session for T Levels Health and Access to Higher Education – Health Professions, Burnley College (potentially 8 future midwives and 2 future physios).
- Clinical and leadership placements within PPHS teams.

Post-registration

- All PPHS MWs delivering OASI and APPEAL training for Consultants, Specialist Registrars and Midwives
- Trust specific approaches/training materials, but developed in line with national specification.

Collaboration

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Enhanced Midwifery Teams

Blackburn with Darwen WELLBEING SERVICE

NHS University Hospitals of Morecambe Bay NHS Foundation Trust

pendle leisure trust Committed to your health & wellbeing

BI and Digital Colleagues

LANCASHIRE FAMILY HUBS NETWORK

hcrg Care Group

HOME START in East Lancashire

Prevention Services

NHS East Lancashire Hospitals NHS Trust A University Teaching Trust

brook

NHS Blackpool Teaching Hospitals NHS Foundation Trust

EAST LANCASHIRE Maternity & Neonatal Voices
Working in partnership to improve maternity and neonatal services

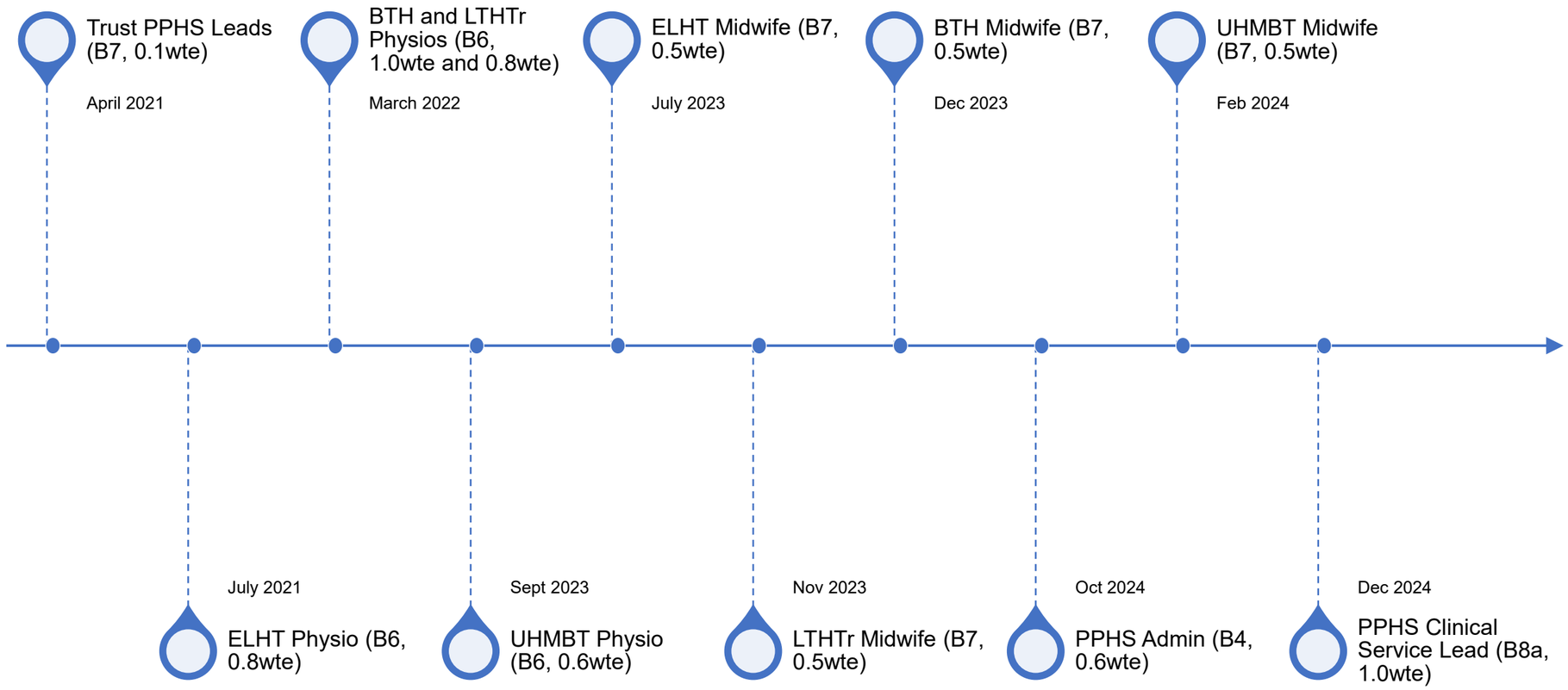
healthwatch

BURNLEY FC IN THE COMMUNITY

NHS Lancashire Teaching Hospitals NHS Foundation Trust

all4maternity LEARNING • SHARING • CARING

Workforce


Trust PPHS Leads (B7, 0.1wte)
April 2021
BTH and LTHTr Physios (B6, 1.0wte and 0.8wte)
March 2022
ELHT Midwife (B7, 0.5wte)
July 2023
BTH Midwife (B7, 0.5wte)
Dec 2023
UHMBT Midwife (B7, 0.5wte)
Feb 2024
July 2021
ELHT Physio (B6, 0.8wte)
Sept 2023
UHMBT Physio (B6, 0.6wte)
Nov 2023
LTHTr Midwife (B7, 0.5wte)
Oct 2024
PPHS Admin (B4, 0.6wte)
Dec 2024
PPHS Clinical Service Lead (B8a, 1.0wte)

Next steps

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Webpage review (BTH/LTHTr)	Service user feedback (all)	Postnatal self-assessment (ELHT)
Best Start In Life (LCC Family Hubs)	MSc work-based projects – sexual orientation/gender identity and neurodiversity (all)	OASI for BAME women and birthing people (ELHT)
AI translation (ELHT)	Pelvic Health prevention (all)	Language specific education (ELHT and LTHTr)
MSW supporting OASI care (UHMBT)	Integrated PPHS leadership placements (all)	L&SC PCN Training Hub collaboration

Reducing Inequities: Targeted Interventions - 1:
Collaboration between PPHS and RTS

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Healthy Bodies Healthy Minds Project

Collaboration between:

Lancashire and South Cumbria
Perinatal Pelvic Health Service

Lancashire and South Cumbria
Provider Collaborative

Lancashire and South Cumbria
Health and Care Partnership

Reproductive Trauma Service

Lancashire and South Cumbria
Integrated Care Partnership

Reducing Inequities: Targeted Interventions - 1:
Collaboration between PPHS and RTS

Lancashire and South Cumbria Integrated Care Board

LSC PPHS and MMHS/RTS Collaboration Methods:

- The development of the bid to become a PPHS EIS was a partnership between AHPs, Midwives, maternal mental health / Reproductive Trauma Service (MMHS / RTS), MNVPs and Consultants.
- Collaboration on bid submission and project plan with MMHS/RTS
- Co-production-Steering Groups
- Multi-Disciplinary Project Team was established to deliver this programme of work for Lancashire and South Cumbria including MMHS/RTS (Tracy Marsden)
- Teams Shared learning and training and education:
    - Trauma Informed Care Training
    - PPHS for MMHS Teams/Psychosexual service/Sexual Health/GPs/Health Visitors etc.

Lancashire and South Cumbria Provider Collaborative

Lancashire and South Cumbria Integrated Care Partnership

Reducing Inequities: Targeted Interventions - 1:
Collaboration between PPHS and RTS

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Collaboration Outputs:

- Shared records – BadgerNet
- Screening tools (ante and postnatal)
- Referrals and referral criteria and self-referral
- Prompts/nudges
- Websites etc. (LMNS/ICB/Trusts- QR codes and links) - pages next to other
    - https://www.uhmb.nhs.uk/maternity/perinatal-pelvic-health-service
- Local groups in Trust (perinatal Mental Health Collaborative)
- Communication
- Pathways
- Service spec and implementation guides
- Future collaborations..... Women's Health Hubs.....

Perinatal Pelvic Health Physio Service

Lancashire and South Cumbria Provider Collaborative

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Priority 4c, (Local) Intervention 10:
Improve outcomes for women of Black ethnicity in relation to Major Obstetric Haemorrhage

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Always Safety First

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Reducing Racial Inequalities in Maternal and Neonatal Care – Learning and Action Network

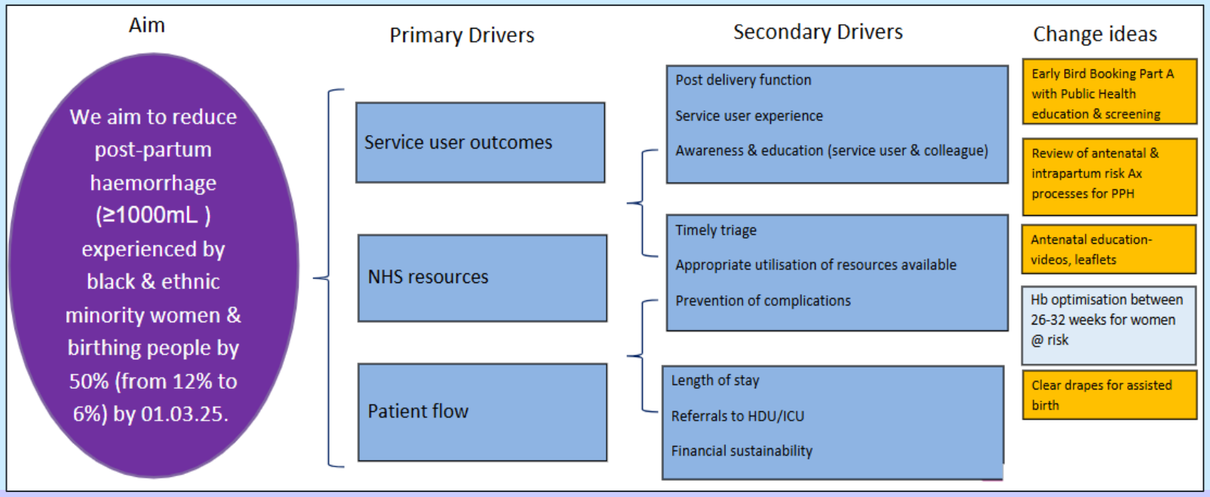
Lancashire Teaching Hospitals NHS Foundation Trust

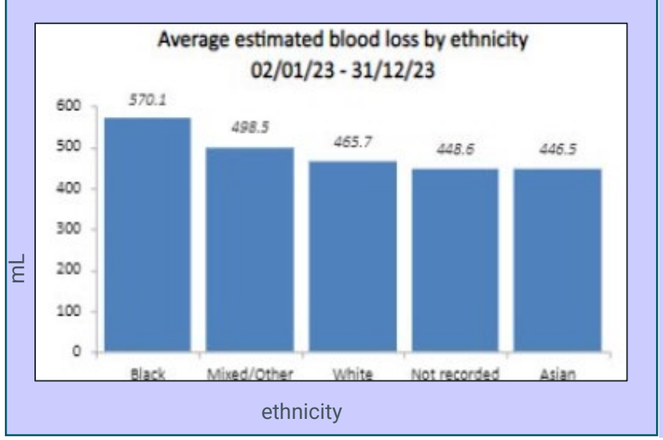
Context

Area of focus: Focus upon post-partum hemorrhage.
Baseline data demonstrated health inequality between population groups with 12% of people from black and ethnic minority groups experiencing PPH ≥1000mL per week compared to 5% of white people.

Aim statement and Driver Diagram:

We aimed to reduce post-partum haemorrhage (≥1000mL) experienced by black & ethnic minority women & birthing people by 50% (from 12% to 6%) by March 25.



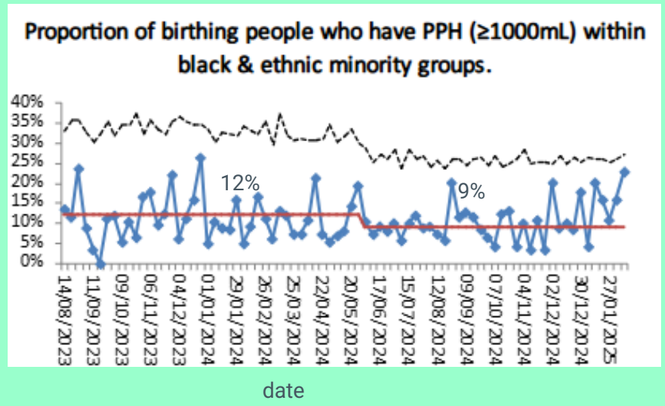


Population of Focus:

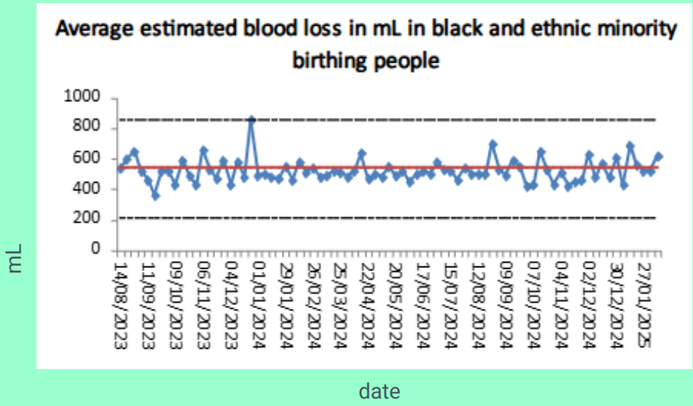
The current ethnicity split of our data was influenced by what is currently recognised within the electronic patient records. The population group of focus equates to just over 2 women and birthing people from black and ethnic minorities experiencing PPH >1000mL per week at LTHTr.
This population group size enables impact of tests of change to be reviewed with weekly time series data.

Data

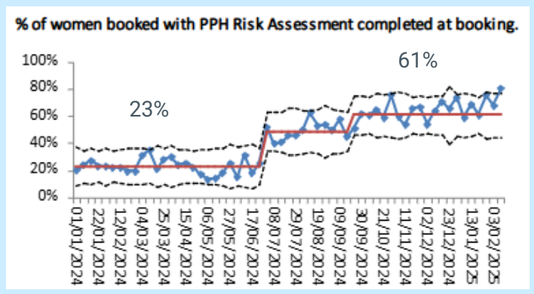
Outcome Measures

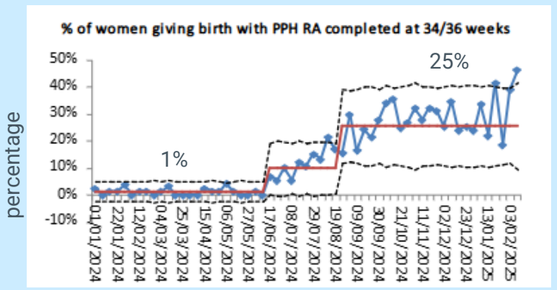


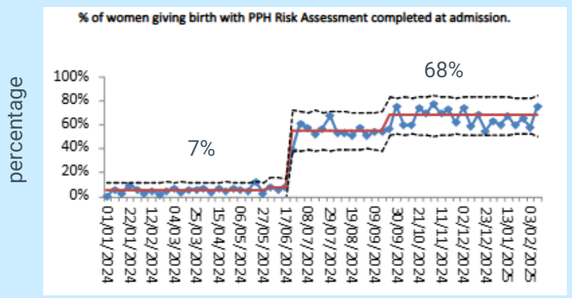
3% reduction in PPH

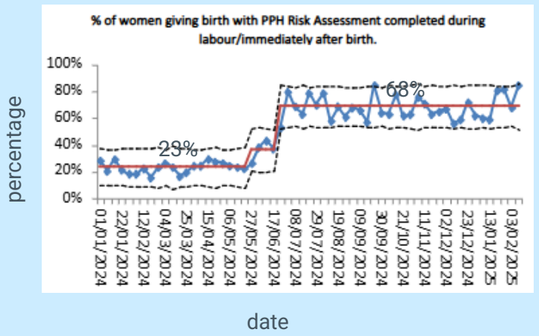


Process Measures

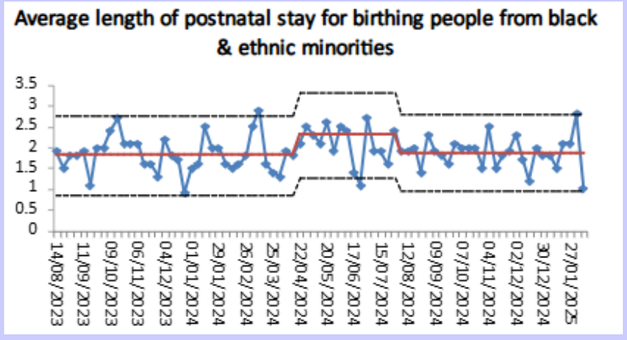








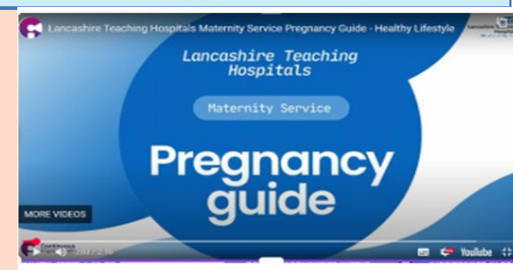
Balancing Measures

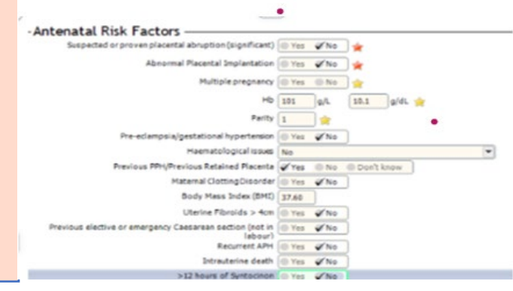


Qualitative Measures

Service user experience

Colleague feedback





Impact

Colleagues:

- Awareness of health inequalities within PPH experience and considering prevention of PPH as opposed to managing PPH
- Education and resources to improve clinical care delivery and real time accuracy of blood loss estimation
- PPH risk assessment tool offers opportunity for personalised care planning throughout pregnancy and labour and adapts to reflect change in circumstance

Service Users:

- A sustained reduction of PPH ≥1000mL from 12% to 9% for women from black and ethnic minorities
- Improved accessibility to information through translation and digital innovation

"I am glad to hear of the positive improvements being made"

"I am personally grateful for the work you are doing and hope that many in the future will benefit"

System:

- Interest in LTHTr application of anti-racism principles including:
  - Data analysis – data by ethnicity, and time series data using Statistical Process Control charts
  - Involving service user and colleague experience in identifying relevant test of change
  - Create a safe environment for discussion and honest conversations
  - Think anti-racism/reducing inequalities (guidance, training, educational resources etc)
  - Zero tolerance for racism.
- Sustaining improvement through embedding relevant tests of change and continuous improvement
- Identifying future improvement opportunities including innovative communication solutions (AI, social media)
- Willingness to share learning

Reflections and Learnings

Reflections:

- Importance of understanding data
- Importance of involving service users and colleagues in developments
- Utilisation of continuous improvement framework
- Relentless positive energy
- Time commitment
- Focus upon communication – provision of tailored information and education through translation

Learning:

- Be comfortable with being uncomfortable
- There is opportunity to apply anti-racism principles to all aspects of clinical care delivery and continuous improvement
- It's not enough to simply implement a few initiatives and hope for the best - keep focused on the change and maintain momentum

Commitment:

- Embedding change utilising anti-racism principles throughout clinical practice and healthcare
- Development of EDI dashboard
- Explore resource accessibility for all population groups including the use of AI and social media
- Continue to strive to address inequalities in severe maternal and neonatal morbidity and perinatal mortality for Black, Asian and other ethnic minority populations utilising the insight and learning from this focused continuous improvement

Priority 4d:

Accelerate preventative programmes that engage those at greatest risk of poor health outcomes:

Support for Maternity and Neonatal Staff

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

Support for maternity and neonatal staff

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Need to complete RAG

No.	National or Local	Intervention title	Process Indicators	Outcome Indicators	RAG
1	N	Cultural Competence Training for Maternity and Neonatal Staff	% of maternity and neonatal staff who attended training about cultural competence in the last two years	Nil	
2	N	Culture, ethnicity and language considerations during serious incidents investigations	% of maternity and neonatal Serious Incidents relating to patient care with a valid ethnic code % of Perinatal Mortality Review Tool cases with a valid ethnic code	Nil	
3	N	Implement WRES in maternity and neonatal services	Nil	WRES indicators 1 to 8 for midwives and nurses in maternity and neonatal services	

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Priority 4d, Intervention 1:
Cultural Competence Staff Training

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Priority 4d, Intervention 2:

Considerations during Serious Incident Investigations

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Patient Safety Learning & Oversight Group

23rd June 2025

Compassion Integrity Respect Inclusion

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Patient Safety Learning & Oversight Group

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Background

- Inaugural meeting June 2023
- 3 trusts transitioning to PSIRF, with x1 PSIRF early adopter.
- Trust reporting template to include/ identify protected characteristics in incidents

Aims/Purpose

- Support collaboration and system learning across the four local Trusts and networks within Lancashire & South Cumbria. (Action 1 of IEA Ockenden 2020)
- To **identify high level themes**, share learning and **provide a forum for peer and system support and review**

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Themes

- Escalation & communication
- Use of MEOWS outside of maternity departments
- Holistic Assessment
- Risk Assessment throughout the pathway
- Documentation (BadgerNet)
- Management of Elective Caesarean's
- Informed decision making/consent
- IoL-delays/management

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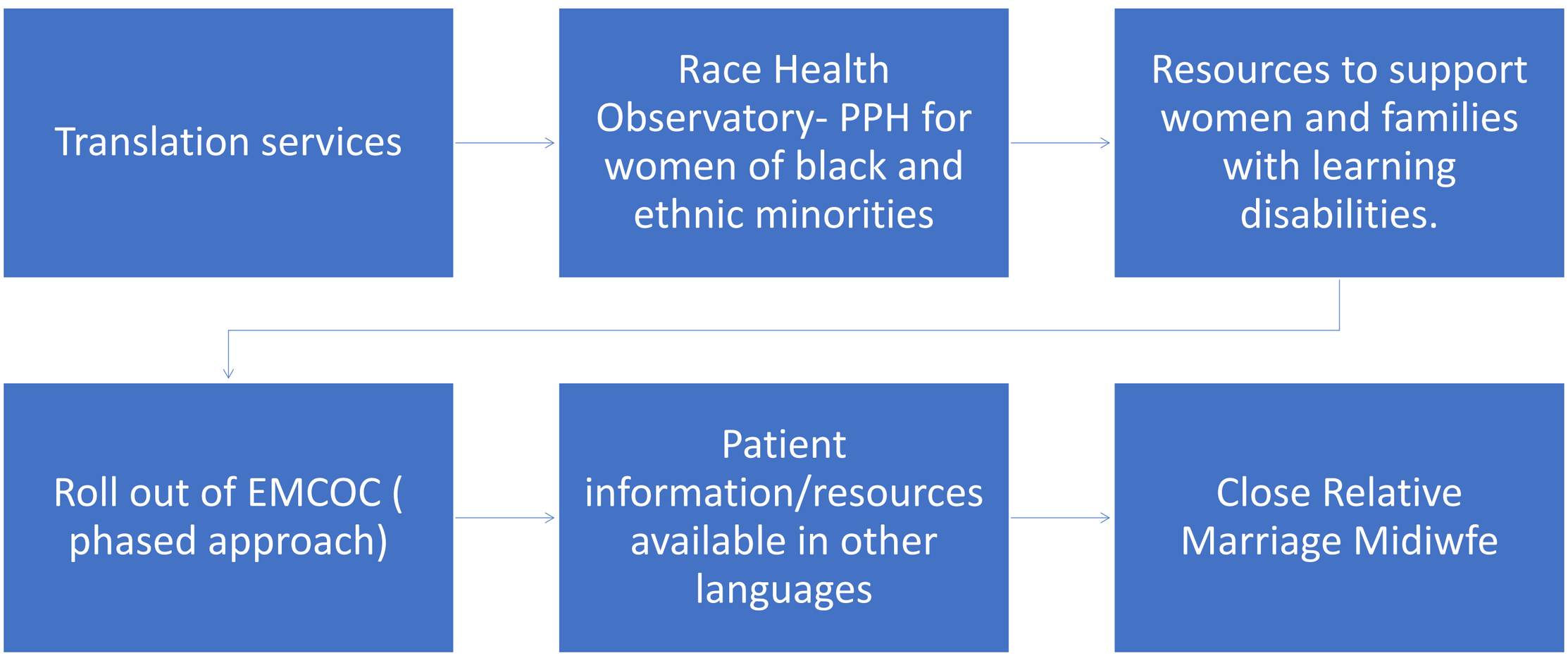
QI projects- Linked to E&E



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Shared Learning/QI projects

Shared QI project on implementation of MEOWS in ED, training /education. Assurance of embedded process
Elective Caesarean's- Consultant Obstetrician shared rag rating tool utilised for case management, scheduling.
LMNS/Trust shared feedback from audit of BadgerNotes, methodology, tool.
LMNS SOP for cross- organisational incident investigation
Sharing of '3- minute briefing' / 'Patient Safety Alerts'

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Maternity & Newborn Safety Investigations

Investigation include ethnicity and health inequalities

Bespoke L&SC annual report

First tabled in October 2024

L&SC position from MNSI reports

Referral rates, trends & Themes

Family needs assessment- high deprivation,

71% reported additional needs

Communication (Top)

Mental Health and Well-being

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System Working

- Never Events
- Home Birth
- PPH

L&SC Claims Score Card

NHSR completed July 2024

Consent & Informed decision making

LMNS funded 2x round of Babylifeline training on ‘Consent’

Trust shared lessons learnt from their QI project

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Maternity & Neonatal Independent Senior Advocate

Emerging themes from working with Women & Families

- MNISA network from the pilot sites.
- Early analysis from the work with 28 families across 6 ICBS
- Tabled Dec 2024
- Identified 5 themes
- 1. Communication (top theme)
- 2. Clinical Care
- 3. Compassion & Support
- 4. Culture & Leadership
- 5. Consent & Human Rights

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Maternal Medicine Network- Maternal Death Review

- Facilitated the shared learning outcomes & findings at LMNS, PSELOG, L&SC Perinatal Steering group
- Development of the associated action plan (Region, MMN, ICB/LMNS, Provider)
- Established L&SC Maternal Death Working Group
- Drafted NW Maternal Death Notification SOP *needs to go be signed off
- Prioritise associated workplan for L&SC
- Map to MBRRACE Recommendations

Reflections

- Impact of PSIRF
- Ensuring provider feedback is focussed on the learning/so what
- Rolling programme of dedicated shared learning by provider
- Provider submitting AAR- to support the sharing of early learning

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Priority 4d, Intervention 3:
Implement WRES

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Priority 4e:

Accelerate preventative programmes that engage those at greatest risk of poor health outcomes:

Enablers

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

Enablers

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Need to complete RAG

No.	National or Local	Intervention title	Process Indicators	Outcome Indicators	RAG
1	N	Establish Community Hubs in areas with highest need	Nil	Nil	
2	N	Work with system partners and the VCSE sector to address the social determinants of health.	Nil	Nil	

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Priority 4e, Intervention 1:
Community Hubs

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Priority 4e, Intervention 2:

VCFSE

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Priority 5:

Strengthen Leadership and Accountability:

Priority 5: Strengthen Leadership and Accountability

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Need to complete RAG

No.	National or Local	Intervention title	Process Indicators	Outcome Indicators	RAG
1	N	Submit an equity and equality analysis (covering health outcomes, community assets and staff experience) and a co-production plan as set out in sub-priority 4a, interventions 1 to 4	Population Health Needs Analysis Community Asset Mapping Staff Experience Baseline	Nil	
2	N	Submit a co-production plan as set out in sub-priority 4a, interventions 1 to 4	ICE Network Established (locally agreed)	Nil	
3		Submit a co-produced equity and equality action plans	Evidence of 8b resource to lead programme of work	Nil	

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