South Yorkshire Local Maternity and Neonatal System

Five-year Equity and Equality Action Plan

2022 - 27
A note for readers

This report discusses the care of individuals, as well as communities and groups within society, as part of our maternity services. We use the terms woman and mother, as well as the terms birthing people and parents in some instances. Where the term woman or mother is used alone this also includes all individuals who identify as a woman, are pregnant, or have given birth.

The terms father, partner and families are used to describe and encompass the many family circumstances and dynamics that may exist. These are ultimately used to describe the woman or birthing person’s support system.
Foreword

NHS South Yorkshire exists to improve health and wellbeing and ensure our people have access to the services they need to live well throughout their lifetime. This starts from birth, which is why our Local Maternity and Neonatal System (LMNS) works with pregnant women, birthing people, parents and families to improve the care and support provided during pregnancy and beyond. This is in line with the NHS’s Long-Term Plan ambition to make sure everyone gets the best start in life.

A key element of this work, and part of NHS South Yorkshire’s purpose, is to eliminate health inequalities and making sure that all of our people have access to the services and support they need, when they need them most.

As Chief Executive of NHS South Yorkshire I welcome the recommendations and actions in this report, all of which aim to reduce inequality within maternity services across all of the communities we serve.

Maternity Voice Partnerships (MVPs)

What is a Maternity Voice Partnership (MVP)?
A Maternity Voice Partnership is a group of women, birthing people and their families, healthcare professionals, commissioners and others who have an interest in maternity care, who collaborate together to make improvements to maternity services. In South Yorkshire there are four MVPs, Sheffield, Rotherham, Barnsley and Doncaster & Bassetlaw. Each led by a person(s) who live in and have used maternity services in their locality.

What is the vision of Maternity Voice Partnerships in South Yorkshire and Bassetlaw?
We are working hard to ensure that all women, birthing people and their families are given an equal opportunity to have a positive pregnancy, birth, and early parenting experience and that every voice is heard, even when that voice is just a whisper.

What are the values of our Maternity Voice Partnerships?
We believe that everyone should be treated with respect, compassion and integrity. We believe that co-production, where changes to services are driven by service user needs in collaboration with healthcare professionals, should be at the heart of improving maternity services in South Yorkshire. We aim to be bold and diligent in our approach, and will strive to ensure that the voices of the people that use maternity services are heard by those that provide those services.
Our vision for South Yorkshire

NHS South Yorkshire exists to improve health and wellbeing, the quality and experience of care, eliminate health inequalities, and to ensure South Yorkshire’s people have access to the services they need to live well throughout their lifetime.

In order to do this, we will work with our communities to ensure their strengths, experiences and needs are at the heart of all decision-making.

We have already made a number of commitments to help tackle inequalities within our organisation and across the healthcare system in South Yorkshire. These include:

- Development of an Equality, Diversity and Inclusivity (EDI) strategy for South Yorkshire, including an overall vision, underlying principles and ambitious objectives with clear actions for us and our partners
- Monthly meetings for EDI leads from all four NHS trusts across South Yorkshire
- Establishing an EDI Co-production Working Group, including members from across NHS South Yorkshire and our partners who have an interest in EDI, and are dedicated to overseeing the work of the EDI strategy
- Initiatives to increase diversity in senior roles
- Inclusive cultures and reciprocal mentoring scheme - first cohort of aspiring leaders from ethnic minority backgrounds to graduate in September 2022
- Supporting staff networks across NHS trusts
- Establishing clear links with retention and health and wellbeing colleagues
- Established connections between all of the Race Networks to offer support to all staff networks in the system, especially chairs and co-chairs.

You can find out more about NHS South Yorkshire and our EDI work here: https://bit.ly/3DM19Gb
Our vision for our maternity services

Maternity services are a key part of the healthcare system in South Yorkshire, supporting women and birthing people from pre-conception to pregnancy, through birth, and into early parenthood. In fact, nearly 16,000 babies were born here in 2021, and 7,500 in the first half of 2022.

The South Yorkshire Local Maternity and Neonatal System programme team is part of NHS South Yorkshire. We work with partners and NHS trusts across the region to improve these services for women, birthing people, their babies and families. This includes five maternity units based in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

Our vision is for maternity services across South Yorkshire to become safer, more personalised, kinder, and more family friendly; where every woman or birthing person has access to information to enable them to make decisions about their care; and where they and their baby can access support that is centred on their individual needs and circumstances.

"My labour was induced, I had experienced this before with my first baby so knew what to expect. Even still, my midwives were amazing, explaining each thing that was happening and making sure that I was OK during it."

South Yorkshire service user

This is a public facing five-year plan that sets out how we intend to improve equity for mothers and babies with a particular focus on those from Black, Asian, Mixed and minority ethnic backgrounds, and those living in the most deprived areas. We also aim to improve race equality for staff from minority ethnic backgrounds. We will review this on a yearly basis and update the plan based on the 2021 Census data, when it is available.

This plan has been co-produced with partners within NHS South Yorkshire, partner organisations and service users. It encompasses the visions and values of NHS South Yorkshire and has been written in a way that we hope makes sense and is meaningful to the communities we care for.
What are health inequalities?

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. These are sometimes referred to as wider determinants of health (NHS England).

There are lots of different factors that can impact health, and these are often interlinked.

This means some groups and communities are more likely to experience poorer health than the general population. Individuals from these groups are also more likely to experience challenges in accessing care.

The reasons for this are complex and may include:

- the availability of services in their local area
- service opening times
- access to transport
- access to childcare
- language (spoken and written)
- literacy
- poor experiences in the past
- misinformation
- fear.

People living in areas of high deprivation, those from Black, Asian, Mixed and minority ethnic backgrounds and those who are socially excluded, for example the homeless, are most at risk of experiencing these inequalities (NHS England).
Risk factors and our population: Deprivation

The NHS Core20PLUS5 framework defines the populations most affected by health inequalities. The Core20 element relates to people who live in the areas identified as being in the 20% most deprived in England, according to the National Index of Multiple Deprivation (IMD).

Deprivation is a consequence of a lack of income and resources. The IMD is calculated from seven domains, assessing average income, employment opportunities, education and skills, the health of people in that area, crime, housing and general living environment.

After this has been assessed, an overall score is given to that area. Each ‘area’ is usually smaller than a postcode and most have around 1,500 - 2,000 residents.

Across South Yorkshire, including Bassetlaw, 37% of the population live in one of the 20% most deprived areas of England (using 2020 mid-year population estimates and the 2019 IMD scores).

On average, 37.7% of people in South Yorkshire live in areas that are within the top 20% for deprivation nationally

If we apply this percentage to births across the region, that's over 6,000 of the 16,000 yearly births

This means that the Core20 in South Yorkshire is in fact a Core37. This ranges from 34% in Sheffield to 41% in Doncaster.

For pregnant women and birthing people in South Yorkshire, this means that they are more likely to experience health inequalities than those in other parts of the country. And if we apply this percentage to births across the region, that's over 6,000 of the 16,000 yearly births.
Risk factors and our population: Ethnic Groups

The ‘PLUS’ element of the NHS Core20PLUS5 framework refers to other population groups that experience poorer-than-average health access, experiences or outcomes, who would benefit from a tailored healthcare approach.

One population group whose needs are addressed within this plan are people accessing maternity services from Black, Asian, Mixed and minority ethnic backgrounds. People from Gypsy, Roma and Traveller communities are included within the scope of the plan but fall within the broad ethnic category of White (as defined by the Office of National Statistics).

Most people living in South Yorkshire are White, but 10% of people are from a diverse mix of other ethnicities (Census 2011)*.

Sheffield is the most diverse area with 16% of people from minority ethnic backgrounds. This compares to 6% in Rotherham, 5% in Doncaster and just 2% in Barnsley - although we expect the 2021 census data to indicate a much larger and more diverse ethnic population in the region.

Service user feedback as told to South Yorkshire Community Foundation

*We will review this when data from the 2021 Census is released later this year and update our plan to take account of any major changes to our local populations.
Risk factors and our population: Complex Social Factors

Complex social factors in women and birthing people's lives have been found to be connected to poorer outcomes for both mothers and their babies. These factors include substance abuse, migrant or asylum seeker status or difficulty speaking English, pregnancy under the age of 20 and experience of domestic abuse.

This is not an exhaustive definition and other complex social factors include learning difficulties, unemployment, imprisonment and extreme poverty.

These factors are linked to higher risk of babies being born early or underweight, and increased risk of rare but serious events such as stillbirth or death of the mother.

Poorer outcomes are often associated with late or inconsistent access to antenatal care, as antenatal appointments provide an opportunity for identifying and recording complex social factors.

"I assumed any dealings with the services accessed during pregnancy were focused only on baby's health and wellbeing and less about my own."  

South Yorkshire service user

From February to April 2022 the proportion of women in South Yorkshire who had a complex social factor recorded was 14% (about 1 in 7), as reported to NHS Digital in the Maternity Services Data Set (MSDS). This ranged from 10% in Barnsley to 21% in Rotherham.

Women and birthing people with complex social factors may need additional support with challenges that are not directly related to their pregnancy and help in accessing this advice. This could include housing or benefits advice, or signposting to other services for support.
Our actions: Care of women and birthing people

We know that our local communities are regularly growing and changing. That’s why it’s important that our services also grow and evolve to make sure we can deliver the best possible care for the women and birthing people in our communities.

Here we will explain the actions we will take over the next five years to improve how we care for women and birthing people at the maternity units of the NHS trusts in South Yorkshire, including Bassetlaw.

### Covid-19

We will take the following actions to minimise the additional risk of Covid-19 to pregnant women and birthing people from ethnic minority backgrounds and their babies.

<table>
<thead>
<tr>
<th>Action</th>
<th>Milestone</th>
<th>Responsible team / organisation</th>
<th>Those most affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust guidelines to include reviewing the increased support needed for at-risk pregnant women at all contacts</td>
<td>Short term</td>
<td>NHS trusts</td>
<td>Women from Black, Asian and minority ethnic backgrounds</td>
</tr>
<tr>
<td>Co-produce with service users and MVPs tailored communications used to reach out to women from Black, Asian, Mixed and minority ethnic backgrounds</td>
<td>Medium term</td>
<td>LMNS and NHS trusts</td>
<td>Women from Black, Asian and minority ethnic backgrounds</td>
</tr>
<tr>
<td>Hospitals to discuss vitamins, supplements and nutrition in pregnancy with all women, including vitamin D and folic acid</td>
<td>Short term</td>
<td>NHS trusts</td>
<td>Women from Black, Asian and minority ethnic backgrounds</td>
</tr>
<tr>
<td>Trusts to record ethnicity, language, postcode, existing medical conditions, BMI and age to identify those more at risk of poor outcomes</td>
<td>Medium term</td>
<td>NHS trusts</td>
<td>Women from Black, Asian and minority ethnic backgrounds and with comorbidities</td>
</tr>
<tr>
<td>Review of interpreter services provided by trusts</td>
<td>Medium term</td>
<td>NHS trusts</td>
<td>Women from Black, Asian and minority ethnic backgrounds</td>
</tr>
</tbody>
</table>
Audit trust guidelines and patient records to ensure guidelines are up-to-date and risk assessments demonstrate the increased support needed.

Seek service user involvement and feedback to ensure tailored communications are co-produced and suitable for their needs.

Audit maternity records to ensure vitamins, supplements and nutrition is discussed in pregnancy.

Audit maternity records to ensure increased risk factors are being identified.

Analysing where there are gaps in interpreter services.

Benchmark and auditing of services offered to women and families during and after pandemic.

Audit uptake of vaccinations in poor uptake areas and in antenatal clinics.

What does this mean for pregnant women, birthing people, fathers and partners?
Women and birthing people at risk will have increased support, tailored to their needs in pregnancy and any communications will be adapted to their needs. Vitamins and nutrition will be discussed with all pregnant women and appropriate advice given. All family history will be recorded to understand the women and their families' needs and risks.

"Second baby - they set out as many appointments as if it would've been my first baby due to Covid, which helped put my mind at rest."

South Yorkshire service user

How will we measure our success?

- Audit trust guidelines and patient records to ensure guidelines are up-to-date and risk assessments demonstrate the increased support needed.
- Seek service user involvement and feedback to ensure tailored communications are co-produced and suitable for their needs.
- Audit maternity records to ensure vitamins, supplements and nutrition is discussed in pregnancy.
- Audit maternity records to ensure increased risk factors are being identified.
- Analysing where there are gaps in interpreter services.
- Benchmark and auditing of services offered to women and families during and after pandemic.
- Audit uptake of vaccinations in poor uptake areas and in antenatal clinics.
### Personalised care and support plans

We know that one size does not fit all. During pregnancy it’s more important than ever that women and birthing people receive the support that meets their individual needs and choices. The care and information given should focus on the woman or birthing person, their baby and their family’s needs, helping them make the decisions and choices that are best for them.

A personalised care and support plan will be developed following an initial assessment about the person’s health and well-being needs. The person, or their family, work hand-in-hand with their health and social care professionals to complete this assessment which then leads to producing an agreed personalised care and support plan.

To make sure this happens, across the LMNS we will work on the actions below to make sure that personalised care and support plans are rolled out effectively across South Yorkshire.

<table>
<thead>
<tr>
<th>Action</th>
<th>Timeframe</th>
<th>Responsible Party</th>
<th>Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS trusts to ensure that every woman is offered a personalised care and support plan in line with national guidance, and this will be measured at three points throughout pregnancy at 17, 35 and 37 weeks gestation</td>
<td>Long term</td>
<td>NHS trusts</td>
<td>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds</td>
</tr>
<tr>
<td>Develop a series of videos to explain to women what a personalised care and support plan is and how to use theirs</td>
<td>Short term</td>
<td>LMNS programme team / NHS trusts</td>
<td>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds</td>
</tr>
<tr>
<td>Develop a series of videos to educate staff about the importance of personalised care and support plans</td>
<td>Short term</td>
<td>LMNS programme team / NHS trusts</td>
<td>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds</td>
</tr>
<tr>
<td>Support trusts to develop holistic personalised care and support plans that are in line with national guidance, including developing plans in a range of languages, including British Sign Language, and accessible formats</td>
<td>Medium term</td>
<td>LMNS programme team / NHS trusts</td>
<td>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds</td>
</tr>
<tr>
<td>Co-produce personalised care and support plans with service users, ensuring feedback is captured and making changes where needed</td>
<td>Long term</td>
<td>NHS trusts / MVPs</td>
<td>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds</td>
</tr>
</tbody>
</table>
Each trust as part of their audit process demonstrates the number of women offered a personalised care and support plan during their pregnancy, which covers antenatal care by 17 weeks gestation, intrapartum care by 35 weeks gestation and postnatal care by 37 weeks gestation.

We will capture and review feedback from women and birthing people using our services on an ongoing basis to highlight where personalised care and support plans need to be updated. As part of this we will collect feedback from people who represent the communities we care for.

Ongoing audit of 5% of records to ensure that personalised care and support plans are being offered

Long term

NHS trusts

Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds

**It is important to include the user voice in the development of personalised care and support plans.**

*South Yorkshire service user*

What does this mean for pregnant women, birthing people, fathers and partners?

Every pregnant woman or birthing person should be offered a holistic personalised care and support plan during their pregnancy, giving them the chance to talk about their own personal circumstances, any questions or concerns and what is important to them.

Personalised care and support plans will be adapted and developed in line with feedback from pregnant women and birthing people, supported by the work of the Maternity Voice Partnerships (MVPs) and LMNS Service User Voice Lead.

How will we measure our success?

- Each trust as part of their audit process demonstrates the number of women offered a personalised care and support plan during their pregnancy, which covers antenatal care by 17 weeks gestation, intrapartum care by 35 weeks gestation and postnatal care by 37 weeks gestation.
- We will capture and review feedback from women and birthing people using our services on an ongoing basis to highlight where personalised care and support plans need to be updated. As part of this we will collect feedback from people who represent the communities we care for.
**Digital services and data quality**

We will ensure that our trusts' digital strategies include capturing accurate information about ethnicity and postcode.

This will help clinicians and the wider system to understand how health outcomes can vary by geographical area, and to prioritise women in those groups. This in turn will help us to ensure that our services are accessible to all our communities.

<table>
<thead>
<tr>
<th>Improve data quality by ensuring 95% of records contain a valid postcode and 80% of records have a valid ethnicity. Please note that ‘not stated’, ‘missing’ and ‘not known’ are not valid records</th>
<th>Short term</th>
<th>Digital midwives and IT suppliers</th>
<th>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that maternity systems record ethnicity and the mother's postcode and regular audits take place to continuously improve the data quality</td>
<td>Short term</td>
<td>Digital midwives and IT suppliers</td>
<td>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds</td>
</tr>
<tr>
<td>Use this data to identify and inform women and staff when discussing personalised care and support plans</td>
<td>Medium term</td>
<td>NHS trusts</td>
<td>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds</td>
</tr>
</tbody>
</table>

**What does this mean for pregnant women, birthing people, fathers and partners?**

At appointments women will be asked for their postcode and ethnicity to help their care team know if they are at higher risk of poor outcomes. Research shows how families in areas that are disadvantaged or women from Black, Asian, Mixed and minority ethnic backgrounds are at more risk of poor outcomes.

**How will we measure our success?**

- Audit of maternity systems to ensure at least 95% of records have a valid postcode
- Audit of maternity systems to ensure at least 80% of records have a valid ethnicity
- Audit of maternity systems to ensure BMI and other co-morbidities are recorded appropriately.
Maternal medicine networks

Maternal medicine networks will be set up, so that by March 2024 every woman and birthing person in England with medical problems has access to specialist advice and care.

Our local maternal medicine network will cover the Yorkshire and Humber (Y&H) area, and women will receive specialist advice and care as close to home as possible, with support to access specialist centres in Leeds or Sheffield if this is needed.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
<th>Responsible Team</th>
<th>Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruit specialists to the networked maternal medicine team; to include senior midwives and doctors working across Yorkshire and the Humber</td>
<td>Short term</td>
<td>LMNS Programme Teams (Y&amp;H)</td>
<td>Women with pre-existing medical conditions, including those from Black, Asian and minority ethnic backgrounds, and those living in deprived areas</td>
</tr>
<tr>
<td>Develop clinical pathways across a range of medical conditions so that all women have access to the specialist care that they need before and during their pregnancy</td>
<td>Short to medium term</td>
<td>Maternal medicine team (Y&amp;H)</td>
<td>Women with pre-existing medical conditions, including those from Black, Asian and minority ethnic backgrounds, and those living in deprived areas</td>
</tr>
<tr>
<td>Develop a long-term plan to train specialist Obstetric Physicians to ensure that the network maternal medicine service is sustained long-term</td>
<td>Medium to long term</td>
<td>Maternal medicine team (Y&amp;H)</td>
<td>Women with pre-existing medical conditions, including those from Black, Asian and minority ethnic backgrounds, and those living in deprived areas</td>
</tr>
<tr>
<td>Train, educate and support midwives and doctors in all hospitals across Yorkshire and the Humber so that women can receive specialist care as close to home as possible</td>
<td>Long term</td>
<td>Maternal medicine team (Y&amp;H)</td>
<td>Women with pre-existing medical conditions, including those from Black, Asian and minority ethnic backgrounds, and those living in deprived areas</td>
</tr>
<tr>
<td>Engage with women with complex medical conditions before and during pregnancy to understand their needs from a maternal medicine network. Use this feedback to co-produce services</td>
<td>Ongoing</td>
<td>Maternal medicine team (Y&amp;H)</td>
<td>Women with pre-existing medical conditions, including those from Black, Asian and minority ethnic backgrounds, and those living in deprived areas</td>
</tr>
</tbody>
</table>
What does this mean for pregnant women, birthing people, fathers and partners?
Women with pre-existing (or developed) medical conditions such as epilepsy, diabetes, thrombocytopenia, cardiology, gastroenterology, haematology or thyroid issues will receive the specialist care that they need to support a healthy pregnancy.

This care will be provided as close to home as possible, with support available if there is a need to attend appointments at one of two specialist centres (Leeds or Sheffield).

Women’s local doctors and midwives will be trained to support their medical condition and will receive advice and input from specialists to support them and their pregnancy.

The improved recording of data such as postcodes and ethnicity will help us measure and demonstrate whether women from Black, Asian, Mixed and minority ethnic backgrounds and those living in deprived areas, are accessing and receiving the care and support they need.

How will we measure our success?
- Seek service user involvement and feedback to ensure tailored communications are suitable for their needs
- Audit maternity records to ensure that women with identified medical conditions receive the specialist care that they need
- Audit maternity records to review outcomes for women and their babies.

“The consultants were non-informative and expect you to know and understand everything. Whilst one professional was calm and reassuring, the other was harsh and used scaremongering tactics. No-one told me the full information in a structured and complete way.”

South Yorkshire service user
Continuity of carer

In 2016 the Better Births report, conducted by the National Maternity Review, recommended that the NHS should roll out the midwifery continuity of care (MCoC) model. The MCoC model makes sure that women and birthing people receive dedicated support from the same midwifery team through their pregnancy. MCoC should be rolled out in a targeted way, prioritising those from Black, Asian, Mixed and minority ethnic backgrounds or those living in deprived areas.

In order to ensure all women receive continuity of carer, the following building blocks must be in place:

- having a safe level of midwifery staffing
- adequate funding
- dedicated project management and leadership
- co-production and consultation with all those affected by the change including all staff and service users.

Across the LMNS we will work with maternity services to deliver the following actions to make sure this model is introduced in a way that provides the best possible support for women and their babies.

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a workforce strategy that increases the number of midwives within South Yorkshire</td>
<td>Long term LMNS / NHS trusts</td>
<td></td>
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<tr>
<td>We will actively recruit a diverse workforce that better reflects the characteristics of the communities we serve</td>
<td>Long term LMNS programme team / NHS trusts</td>
<td></td>
</tr>
<tr>
<td>Co-produce continuity of carer plans with staff and service users so that they are reflective of local population needs and are deliverable with the midwifery workforce in place</td>
<td>Long term NHS trusts</td>
<td></td>
</tr>
<tr>
<td>Work with trusts to make sure that women from Black, Asian, Mixed and minority ethnic backgrounds and those from the most deprived areas are prioritised for MCoC</td>
<td>Long term LMNS / NHS trusts</td>
<td></td>
</tr>
</tbody>
</table>
As someone with autism, keeping the same person throughout (my pregnancy) helped me a lot. But with the consultants because it was different people each time I had to tell them. I don’t think they were aware of it until I told them.

South Yorkshire service user

What does this mean for pregnant women, birthing people, fathers and partners?
Women from the most deprived areas and those from Black, Asian, Mixed and minority ethnic backgrounds will be prioritised to receive dedicated support from midwifery care teams on their pregnancy journeys. This will be alongside an aim for all women to receive MCoC support.

How will we measure our success?
• Each trust, as part of their audit process, demonstrates the number of women receiving support from an MCoC team
• Monitoring performance against the target of ensuring that at least 75% of women from Black, Asian, Mixed and minority ethnic backgrounds and those living in the most deprived areas receive continuity of care
• Through local MVPs, collect feedback from women and birthing people about the support they received during their pregnancy, including surveys and engagement events
• When MCoC is implemented, review of outcomes which we would expect to have improved as a result of these actions, including low birth weight and babies delivered before 37 weeks.
Culturally sensitive genetic services

Approximately 10% of the population worldwide are married to a biological relative or are the offspring of such a relationship. This is termed consanguinity. A significant association has been demonstrated between consanguinity and the risks of severe inherited genomic conditions. Consanguinity is more common in certain ethnic groups, increasing the risk of genomic conditions (NHS England).

We will work with families and healthcare workers to increase understanding about genetic inheritance and to improve access to genetics advice to support close relative couples in making informed decisions.

<table>
<thead>
<tr>
<th>Benchmark existing services and training which is aimed at raising awareness of genetic risk and improving access to NHS services</th>
<th>Short term</th>
<th>LMNS</th>
<th>Consanguineous families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote the e-Learning for Health (eLfH) 'Close Relative Marriage' module with midwives, maternity support workers, neonatal staff and other key groups</td>
<td>Short to medium term</td>
<td>LMNS / NHS trusts</td>
<td>Consanguineous families</td>
</tr>
<tr>
<td>Submit a maternity transformation funding bid to establish a pre-conceptual / early pregnancy clinic providing culturally appropriate advice on preparing for a healthy pregnancy and accessing genetics advice where appropriate</td>
<td>Short term</td>
<td>LMNS</td>
<td>Consanguineous families</td>
</tr>
<tr>
<td>Strengthen referral routes into regional genetic services for families identified as being at increased risk</td>
<td>Medium to long term</td>
<td>LMNS / NHS trusts / Public health teams</td>
<td>Consanguineous families</td>
</tr>
</tbody>
</table>

What does this mean for pregnant women, birthing people, fathers and partners? Consanguineous families will be given early help to access culturally sensitive genetics counselling. Families will be empowered to make informed reproductive decisions, and there will be an increased opportunity to reduce unexpected affected births. Improved information on genetic inheritance will be made available tailored to meet the needs of affected groups / communities.

How will we measure our success?
- Review numbers of consanguineous families identified and referred to genomics service
- Completion of (eLfH) 'Close Relative Marriage' module will be included in mandatory training for all trusts
- Evidence of community engagement and feedback in development of new services and resources.
Considering the impact of culture, ethnicity and language in serious incidents

As an LMNS we are committed to reviewing our practices, processes and procedures to inform improvements, to ensure that as many women and birthing people as possible experience positive outcomes when using our services. Equity means that all mothers and babies will achieve health outcomes that are as good as the groups with the best health outcomes.

The national Perinatal Mortality Review Tool (PMRT) aims to support objective, robust and standardised reviews of deaths of babies (up to 28 days post birth) to provide answers for bereaved parents about why their baby died. Another aim is to ensure local and national learning to improve care and ultimately prevent future deaths.

| Monitoring and reviewing incidents that occur across the LMNS, with a focus on culture, ethnicity and language | Long term | LMNS / NHS trusts | Women from Black, Asian and minority ethnic backgrounds |
| Capturing data, including ethnicity, and themes to make improvements to care | Long term | LMNS / NHS trusts | Women from Black, Asian and minority ethnic backgrounds |
| Continue to capture the service user voice to enhance future maternity care | Long term | LMNS / NHS trusts / MVPs | Women from Black, Asian and minority ethnic backgrounds |
| Work with MVPs as part of complaint procedures, as recommended by the Ockenden review, ensuring the process is accessible to all parents | Long term | NHS trusts / MVPs | Women from Black, Asian and minority ethnic backgrounds |

What does this mean for pregnant women, birthing people, fathers and partners?
Individuals' abilities, culture, beliefs, preferences, and appropriate adjustments, such as translation services, will be considered during the process of reviewing serious incidents. (PSIRF 2022). Interpretation services should be easily accessible and appropriate and information should also be shared in both digital and physical resources, to ensure effective communication sharing relating to incidents.

How will we measure our success?
- Audit of maternity and neonatal incidents reviewing whether culture, language or ethnicity was a contributing factor to the outcome
- Monitoring the percentage of maternity and neonatal serious incidents relating to patient care with a valid ethnic code
- Review percentage of Perinatal Mortality Review Tool cases with a valid ethnic code.
Our actions: Improving health

One of the key ways we can help to reduce the number of high-risk pregnancies is to support the overall health of our communities, before, during and after pregnancy.

Here we will detail the actions we will take to help our communities, and the pregnant women and birthing people living within them, to improve their health.

Diabetes prevention programme

We will expand the referral pathway for the NHS Diabetes Prevention Programme to include women who have had gestational diabetes mellitus (GDM) and are not currently pregnant, with a focus on holistic overall health.

| Understand the process needed to adjust the current NHS Diabetes Prevention Programme pathway to include women with a past diagnosis of GDM, who are not currently pregnant | Short term | LMNS | Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds |
| Develop and implement the new pathway for these women, including any new tailored communications needed | Medium term | LMNS | Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds |
| Develop a South Yorkshire Maternity Healthy Lifestyle programme with priority focus on women with GDM | Medium term | LMNS | Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds |
| Co-produce any new tailored communications needed with MVPs and community groups | Medium term | LMNS / NHS trusts | Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds |

What does this mean for pregnant women, birthing people, fathers and partners?

Women who had diabetes in pregnancy will be offered further help after birth to reduce the chance of developing diabetes later in life.

The women affected will be given information in a format and language they understand.

How will we measure our success?

- Audit of women who had gestation diabetes to ensure they have had a referral to the NHS Diabetes Prevention Programme after birth.
- Communications offered to women will be available at all trusts in the common languages, including British Sign Language (BSL), used within that demographic area.
- Ensure women with GDM are prioritised within the Health Lifestyle Programme.
Maternal mental health services

Maternal mental health services - referred to as maternity outreach clinics in the NHS Long-Term Plan - bring together maternity, psychology and reproductive health services for women who develop moderate to severe mental ill health from loss or trauma due to their maternity experience. These services provide care and support to women whose needs would not be met by other services.

We will ensure that the maternal mental health (MMH) service will be available for all antenatal and postnatal women with moderate to severe trauma, including women whose babies have spent time in a neonatal intensive care unit, in line with the NHS Long-Term Plan. This will improve the mental health support for women in the perinatal period.

Current user figures suggest that there are barriers to accessing maternal mental health services, with fewer women from minority ethnic groups or from the most deprived areas seen by some services than you would expect from the number of women giving birth.

When developing maternal mental health services, we will address barriers to access in partnership with NHS South Yorkshire's mental health, learning disabilities and autism team (MHLDA), and the local perinatal mental health (PMH) teams across South Yorkshire, including Bassetlaw.

| Further develop maternal mental health services with a focus on access by ethnicity and deprivation | Medium to long term | LMNS / MHLDA | Women living in the most deprived areas, women from Black, Asian and minority ethnic backgrounds and women with complex social factors |
| Benchmark current service provision against the maternal mental health service model to identify the areas of service development required | Short term | MMH / MHLDA | Women living in the most deprived areas, women from Black, Asian and minority ethnic backgrounds and women with complex social factors |
| Ensure staff training and parent education information and support is co-produced and tailored to local needs | Medium to long term | LMNS / PMH / NHS trusts | Women living in the most deprived areas, women from Black, Asian and minority ethnic backgrounds and women with complex social factors |
| Improve the cultural competency of the service through training for staff and how information is shared with women | Medium term | MMH / PMH / MHLDA | Women living in the most deprived areas, women from Black, Asian and minority ethnic backgrounds and women with complex social factors |
Implement training for maternity staff in trusts, community midwives and health visitors to increase awareness of maternal and perinatal mental health and to enable the workforce to identify when support is required for women and partners.

What does this mean for pregnant women, birthing people, fathers and partners?
Access to a maternal mental health service for trauma from birth or loss.

Written information will be provided in different languages and understand how different cultures impact on language. Understand what this service means for different cultures and how people need to access the service. Improved access for women from deprived areas and ethnic minorities.

How will we measure our success?
- All women will be provided with access details for mental health support services following birth or loss
- Analyse the demographics of those accessing the service to identify ethnicity of people accessing the services
- Pre and post training measures of staff to identify their knowledge of maternal and perinatal mental health and how they can support women and families.

"The right information isn't given. Every time I've been through a loss I've received totally different support - some being none, having a leaflet thrown at me or full support from the bereavement midwives. They are very stretched and sometimes struggle to follow up.

There needs to be a clear pathway offered to women and their partners. It's their right to choose if they want it because a lot do suffer in silence."

South Yorkshire service user
Smoke-free pregnancy support

We will ensure that by 2024 all pregnant women and their partners will have access to support to maintain a smoke-free pregnancy, in line with the NHS Long-Term Plan and the NHS Maternity Tobacco Model.

This will improve our smoking cessation services and pathway to continue to reduce the risk of stillbirth, preterm birth and infant death.

<table>
<thead>
<tr>
<th>Benchmark current service provision against the NHS Maternity Tobacco Model to identify the areas of improvement needed</th>
<th>Short term</th>
<th>LMNS / NHS trusts</th>
<th>Women living in the most deprived areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with trusts to develop a smoking in pregnancy plan, including the steps needed to achieve the national ambition to reduce smoking to &lt;5% by 2030</td>
<td>Short term</td>
<td>LMNS / NHS trusts</td>
<td>Women living in the most deprived areas</td>
</tr>
<tr>
<td>Implement smoke-free pregnancy support for 100% of women by 2024 in line with the NHS Maternity Tobacco Model, including support for partners</td>
<td>Medium term</td>
<td>LMNS / NHS trusts</td>
<td>Women living in the most deprived areas</td>
</tr>
<tr>
<td>Implement incentive schemes and direct supply nicotine replacement therapy (NRT) across all providers</td>
<td>Medium term</td>
<td>LMNS / Providers</td>
<td>Women living in the most deprived areas</td>
</tr>
</tbody>
</table>

What does this mean for pregnant women, birthing people, fathers and partners?
Pregnant women and their partner will be automatically referred for help to stop smoking. The help to stop smoking will be given early in pregnancy and regularly throughout pregnancy and after birth. The pregnant woman will be offered incentives and nicotine replacement therapy (NRT) to help stop smoking.

How will we measure our success?
- Smoking in Pregnancy Plan for each trust will include details of staffing, NRT, planned incentives and how these will impact on trajectories for quit rates
- Trust smoking and quit data will be analysed to ensure all women are automatically referred to a smoke-free pregnancy pathway
- Trust processes and guidance will include the offer of incentives and direct supply NRT
- Review of outcomes which we would expect to have improved as a result of these actions, including low birth weight and babies delivered before 37 weeks.
Improving breast-feeding rates

We will work with all providers and service user representatives, including MVPs, across Local Authority, 0 - 19 Services for Health Visiting and Maternity and Neonatal Services to understand and provide the support needed to help mothers breastfeed.

| Benchmark current service provision, including provider Baby Friendly Initiative accreditation | Short term | LMNS | Women living in the most deprived areas |
| Work with providers to improve service provision to ensure it is of a consistent high standard across the LMNS for parent education and support, including staffing | Long term | LMNS / NHS trusts | Women living in the most deprived areas |
| Support providers in achieving BFI accreditation and improving services in line with the BFI audit actions identified within each trust | Medium term | LMNS / NHS trusts | Women living in the most deprived areas |
| Develop and implement a LMNS Infant Feeding Strategy alongside MVPs and service users with the aim of increasing breast feeding rates | Short to medium term | LMNS | Women living in the most deprived areas |
| Work with Family Hubs and Service Users to improve the Hub infant feeding support in line with Government guidelines | Medium to long term | LMNS / NHS trusts | Women living in the most deprived areas |

What does this mean for pregnant women, birthing people, fathers and partners?

Pregnant women and their partners will be given the information and support they need for their chosen feeding method, tailored to their needs. This will be both online and face-to-face. Breastfeeding mothers will have the support they need in their local area with increased support being offered in areas where breastfeeding rates are low.

How will we measure our success?

- Service user feedback on current services and any changes made to services, education and support offered. This will include surveys, feedback from feeding support groups and dedicated events at NHS trusts (15 Steps), and feedback from parents whose babies spent time on neonatal intensive care units
- Monitoring and reporting of BFI accreditation across the LMNS
- Reporting and reviewing breastfeeding initiation rates, and rates at 6 - 8 weeks postnatally
- Review of outcomes which we would expect to have improved as a result of these actions, including low birth weight and babies delivered before 37 weeks.
Our actions: Family support

Maternity services stretch beyond midwife and hospital appointments. As a Local Maternity and Neonatal System (LMNS) we aim to work with partners in Local Authorities and services in communities to make sure pregnant women have access to the services and support they need.

Antenatal care for pregnant women with complex social factors

We will ensure that women and birthing people who have complex social factors, such as drug or alcohol use, domestic abuse, migrants, asylum seekers or refugees, difficulty reading or writing English, have improved access to the care and support they need. We will also ensure that women under 20-years-old, who may need more support, receive the support they need though all stages of their pregnancy.

This will be fully in line with the National Institute of Clinical Excellence (NICE) guideline CG110 'Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors'.

<table>
<thead>
<tr>
<th>Identify local demographics of women that have complex social factors</th>
<th>Short term</th>
<th>LMNS</th>
<th>Women with complex social factors</th>
</tr>
</thead>
</table>

Ensure all maternity systems can identify and report on women who have complex social factors and, within each individual grouping, ensure we are able to access data on:

- The number of women who attended for booking by 10, 12+6 and 20 weeks gestation
- The number of women who attended for the recommended number of antenatal appointments
- The experience of women whose babies experience mortality or significant morbidity
- The number of appointments each woman attends
- The number of scheduled appointments each woman does not attend

<table>
<thead>
<tr>
<th>Ensure that women with complex social factors are asked about their satisfaction with the antenatal services provided, and that responses are used to guide service development</th>
<th>Medium term</th>
<th>Commissioners / NHS trusts</th>
<th>Women with complex social factors</th>
</tr>
</thead>
</table>

Health and social care needs are jointly assessed to produce personalised care and support plans for every pregnant person.

| Ensure that women with complex social factors are asked about their satisfaction with the antenatal services provided, and that responses are used to guide service development | Medium to long term | NHS trusts / Partner organisations | Women with complex social factors |
| Offer a booking appointment in the first trimester, ideally before 10 weeks, if the woman wishes to continue with the pregnancy | Medium term | NHS trusts | Women with complex social factors |
| Ensure the woman's care pathway facilitates at least one appointment without any partner or family member present to aid the discussion of sensitive issues | Short term | NHS trusts | Women with complex social factors |
| All staff are fully trained on complex social factors such as substance misuse, domestic violence, social and psychological needs, and how to communicate sensitively | Medium term | NHS trusts | Women with complex social factors |
| Co-produce resources with service users to provide pregnancy and antenatal service information in a variety of formats and languages, including British Sign language (BSL) in a variety of settings, including faith groups, pharmacies, GP's and Family Hubs | Medium to long term | LMNS / NHS trusts | Women with complex social factors |
| Provide access to specialist antenatal services for women under 20-years-old. Including antenatal care and education in peer groups, in a variety of settings, linked in with their antenatal care | Medium term | NHS trusts | Women under 20 years old |
| Develop a local protocol with social care providers, the police and third-sector agencies for women experiencing domestic violence, to include:  
  - Clear referral routes  
  - Latest government guidance  
  - Support available to women  
  - Safety information  
  - Plans for follow-up care  
  - Safe contact number for the woman  
  - Contact details of anyone who needs to be aware that the woman is experiencing domestic violence | Medium to long term | NHS trusts | Women with complex social factors |

All the women (we spoke to) were happy to have been asked about domestic violence. However, a discussion took place about whether they would have disclosed should this be taking place. Most of the women wouldn’t talk about this to a midwife they didn’t know.

Service user feedback as told to South Yorkshire Community Foundation
What does this mean for pregnant women, birthing people, fathers and partners?
Women and their families who have difficulties or need extra support, such as teenage mums, women suffering domestic abuse, addiction to drugs and alcohol, or who don’t understand or speak English, will get the tailored care they need. This will be from the many agencies that offer specialised assessment and support.

The women receiving this care and support will be asked for their experiences of their antenatal care. The feedback from the women will help improve maternity services and other agencies providing antenatal care. Maternity services will be able to understand the women they have in their care that have difficulties and need extra support.

Staff supporting the women and their family will have specialist training to help with this. Any information given to the women and their family will be available in different ways that can be easily understood and in different languages, including British Sign Language (BSL).

How will we measure our success?
• Service user feedback on their experiences of the antenatal care, support and information given, working with local MVPs and the LMNS Service User Voice Lead
• Monitor, report and analyse women’s access to antenatal services
• Implementation and audit the services provided and the local protocols.

“The regular calls and check ins were really helpful. I hate to be a burden to people so having someone check in on me made me more likely to ask questions that I wouldn’t have otherwise.”—South Yorkshire service user
Establishing community hubs in the areas of greatest need

We will work with Local Authorities and trusts to help ensure community hubs provide high quality, accessible maternity care in geographical areas at greatest risk of poor outcomes.

| Ensure location of community hubs is informed by the geographic distribution of deprivation / minority ethnic populations across South Yorkshire | Short to medium term | Local Authorities / NHS trusts | Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds |
| Ensure maternity care provided in community hubs is informed by the range of needs which have been identified through the equity and equality analysis, as well as service user feedback | Medium term | Local Authorities / NHS trusts | Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds |

What does this mean for pregnant women, birthing people, fathers and partners?
Care will be centred around the specific needs of women and their partners and services will be available in the areas of greatest need.

Expectant parents can access a range of family orientated services in one place, including prompt access to more specialist services where needed. Improved parenting support and infant feeding services will be available.

How will we measure our success?
- Evidence of consultation with women and families regarding the location and needs of community / family hubs
- Evidence that population needs assessments including the LMNS equity and equality analysis has been used to inform community hub development
- Service user feedback on any improvements to services offered within the community / family hubs.

"Breast feeding group was amazing first time. Eldest is now 9, children's centres provided that additional support to new mums. Second time, youngest is 6, breast feeding group was OK but the comfort was taken out of it and once the children's centres closed the experience was different."

South Yorkshire service user
**Addressing social determinants of health**

With the cost of living crisis it is even more important that we take a holistic and personalised approach to supporting pregnant women and their families. We will connect women to a range of services within South Yorkshire, including those provided by the Voluntary, Community and Social Enterprise (VCSE) and Local Authorities, that can help with the wider factors that affect health, such as housing, income, language skills and social isolation.

<table>
<thead>
<tr>
<th>Collaborating with MVPs and voluntary organisations, identify and support the development of organisations, services and community assets in each local area</th>
<th>Short term</th>
<th>LMNS / Local Authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds. Women and their families with complex social circumstances. Women with mental health concerns, learning, physical or sensory disabilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Increase the understanding of maternity and neonatal staff of the impact of social determinants on health and maternity outcomes</th>
<th>Short term</th>
<th>LMNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds. Women and their families with complex social circumstances. Women with mental health concerns, learning, physical or sensory disabilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ensure maternity and neonatal services are aware of any community assets available to support women and their family and how women can access them</th>
<th>Medium term</th>
<th>LMNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds. Women and their families with complex social circumstances. Women with mental health concerns, learning, physical or sensory disabilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consider how social prescribing models could help to ensure holistic maternity care with a focus on ‘what matters most’ to the women and their families, increasing access to a wide range of community services and assets for example benefit and debt advice, housing advice, parenting support, activities/support to decrease social isolation</th>
<th>Short to medium term</th>
<th>LMNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds. Women and their families with complex social circumstances. Women with mental health concerns, learning, physical or sensory disabilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Collaborating with local MVPs and the LMNS Service User Voice Lead to collect service user feedback on their access to local support groups and services

Audit of women accessing pre-conception care and advice

Audit of vaccination uptake within the target groups

Training and deliverance of key health information and messages with community champions / connector roles.

What does this mean for pregnant women, birthing people, fathers and partners?
Increased support for pregnant women and their families on the wider factors that impact on their health and pregnancy, such as housing, benefits, social isolation.

Staff that are providing maternity care will have improved access to local support information and groups. Improved care will be offered before becoming pregnant to help women have a healthier pregnancy. Local volunteers will be used to help get important information and messages to women and families that have difficulties accessing maternity services.

"Young mums parent and baby group or single mums parent and baby group should be considered."

South Yorkshire service user

How will we measure our success?

- Collaborating with local MVPs and the LMNS Service User Voice Lead to collect service user feedback on their access to local support groups and services
- Audit of women accessing pre-conception care and advice
- Audit of vaccination uptake within the target groups
- Training and deliverance of key health information and messages with community champions / connector roles.

Consider and develop links with community champions / connector roles to improve the reach of key health information and messages, e.g., vaccinations and healthy lifestyle, to seldom heard from groups

Medium to long term

LMNS

Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds. Women and their families with complex social circumstances. Women with mental health concerns, learning, physical or sensory disabilities.

Women living in the most deprived areas, and women from Black, Asian and minority ethnic backgrounds. Women and their families with complex social circumstances. Women with mental health concerns, learning, physical or sensory disabilities.
Our actions: Workforce

The women, birthing people, families and communities we support are constantly evolving, and we know our workforce needs to adapt to reflect this. It is our goal to ensure staff feel valued and have equal opportunities for career progression, whatever their ethnicity or background and to develop a workforce that reflects the communities we care for.

Representation

Our equity and equality analysis (November 2021) highlights the limited diversity within our workforce; with a significant proportion of our midwives (94%) being white compared to 49% of our medical (Obstetric and Gynaecology) workforce being of different ethnic backgrounds. We know that diversity is limited further the more senior the role.

We also know that our Maternity Voice Partnerships, the service user groups that we regularly engage with, are not always representative of our communities. We will take the actions described below to improve equity and representation across South Yorkshire.

### Obstetrics & Gynaecology workforce

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>51%</td>
</tr>
<tr>
<td>Black</td>
<td>13%</td>
</tr>
<tr>
<td>Asian</td>
<td>23%</td>
</tr>
<tr>
<td>Chinese</td>
<td>1%</td>
</tr>
<tr>
<td>Mixed</td>
<td>1%</td>
</tr>
<tr>
<td>Not stated</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
</tbody>
</table>

### Registered Midwives

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>94%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Black</td>
<td>1%</td>
</tr>
<tr>
<td>Chinese</td>
<td>1%</td>
</tr>
<tr>
<td>Mixed</td>
<td>1%</td>
</tr>
<tr>
<td>Not stated</td>
<td>1%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Data source: Health Education England

Raise awareness of Maternity Voice Partnerships (MVPs), to increase participation and ensure representation across the local communities

Long term MVPs

Women from Black, Asian and minority ethnic backgrounds, women living in deprived areas and with a range of life experiences
Regularly review MVP representation, engaging with community groups around South Yorkshire and linking with the Neonatal Operational Delivery Group and Family Engagement Lead to support collaboration.

Regularly review % of parent members of local MVPs from Black, Asian, Mixed and minority ethnic backgrounds.

Review our workforce data and compare with refreshed data on our local communities, for example, 2021 Census data, once available.

What does this mean for pregnant women, birthing people, fathers and partners?
We will have a maternity workforce that is sufficient to meet the needs of all pregnant women, birthing people and their families. The workforce will be trained to understand the different cultural needs of our communities; and will be more representative of the community that it serves.

Expanding and improving the representation across our Maternity Voice Partnerships (MVPs) means that we will have the opportunity to hear the voices of people from different communities across South Yorkshire. This will ensure that we understand what specific communities need and that we can tailor our services to meet these needs and provide the best possible care.

How will we measure our success?
- Regularly review MVP representation, engaging with community groups around South Yorkshire and linking with the Neonatal Operational Delivery Group and Family Engagement Lead to support collaboration.
- Regularly review % of parent members of local MVPs from Black, Asian, Mixed and minority ethnic backgrounds.
- Review our workforce data and compare with refreshed data on our local communities, for example, 2021 Census data, once available.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Timeframe</th>
<th>Responsible Parties</th>
<th>Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will actively recruit a diverse workforce that better reflects the characteristics of the communities we serve</td>
<td>Long term</td>
<td>NHS trusts</td>
<td>Women from Black, Asian and minority ethnic backgrounds, women living in deprived areas and with a range of life experiences</td>
</tr>
<tr>
<td>We will strengthen the diversity of our leadership teams to better reflect the characteristics of the communities we serve and our workforce</td>
<td>Long term</td>
<td>NHS trusts / Equality Diversity and Inclusion (EDI) Team</td>
<td>Women from Black, Asian and minority ethnic backgrounds, women living in deprived areas and with a range of life experiences</td>
</tr>
<tr>
<td>Expand on Midwifery Ambassadors across South Yorkshire and undertake engagement work in schools and colleges to attract young people to midwifery as a career</td>
<td>Short term</td>
<td>NHS trusts</td>
<td>Women from Black, Asian and minority ethnic backgrounds, women living in deprived areas and with a range of life experiences</td>
</tr>
<tr>
<td>Develop a Maternity Workforce Strategy that will deliver alternative routes to careers in maternity services to broaden those who can and choose to access</td>
<td>Long term</td>
<td>LMNS programme team</td>
<td>Women from Black, Asian and minority ethnic backgrounds, women living in deprived areas and with a range of life experiences</td>
</tr>
</tbody>
</table>
Workforce race equality -
The Workforce Race Equality Standard

Implementing the NHS Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and healthcare providers, including independent organisations, through the NHS Standard Contract.

NHS providers are expected to show progress against a number of indicators of workforce equality. This includes a specific indicator to address the low numbers of Black and Minority Ethnic (BAME) board members across the organisation.

We also know that staff from Black, Asian, Mixed and minority ethnic backgrounds are more likely to have experienced bullying from both patients, relatives, the public or colleagues than White staff across all trusts. At each NHS trust in South Yorkshire, a higher proportion of White staff than BAME staff believe that the trust provides equal opportunities for career progression or promotion.

Workforce race equality -
Tackling discrimination and abuse

The public sector equality duty sets out in legislation that public bodies (such as the ICB) must address these equality aims:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act

b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
Establish a coproduction working group across the ICB; with membership from the Maternity Programme to inform development of the strategy

**What does this mean for pregnant women, birthing people, fathers and partners?**

Our vision is for workforce equality, diversity and inclusion to be rooted into everything we do, so it becomes part of our culture and the way we work.

This will help us build, support and retain a maternity workforce that reflects the characteristics of the communities that we care for and improves the standard of care we provide.

**How will we measure our success?**

- We will review workforce statistics, staff surveys and other feedback and evidence to identify areas for improvement in equality, diversity and inclusion so we can show that our priorities are responding to local needs
- We will improve the way we collect and report equality, diversity and inclusion data across all organisations in the system and publish an annual summary of progress
- We will know we have been successful when we see an improvement in the WRES standards.
Cultural competency training

The summary of themes arising from the Healthcare Safety Investigation Branch (HSIB) Maternity Programme found misunderstandings and miscommunications between staff and parents from ethnic minority communities. Maternity services should ensure that:

- That staff ‘demonstrate an understanding of and the ability to challenge discriminatory behaviour to promote equity and inclusion for all’ and consistently provide and promote non-discriminatory care
- The impact of parents’ culture, ethnicity and language is discussed and considered during the antenatal risk assessment process, initial assessment and follow-up
- Investigations consider whether the impact of culture, ethnicity and language on the woman’s needs was discussed and considered during the antenatal risk assessment process, initial assessment and follow-up.

| Support cultural competency training across South Yorkshire, including training for MVPs | Medium term | LMNS / NHS trusts | Women from Black, Asian and minority ethnic backgrounds |
| Ensure that cultural competency training becomes mandatory within each provider trust | Medium term | LMNS / NHS trusts | Women from Black, Asian and minority ethnic backgrounds |

What does this mean for pregnant women, birthing people, fathers and partners? Women, birthing people and their families will receive care from staff who are aware of and understand the discrimination often faced by people from diverse communities, including the communities we have highlighted in this report.

How will we measure our success?

- Annual audits to ensure compliance of maternity and neonatal staff who have attended training in the last two years
- We will know we have been successful when feedback from service users demonstrates that staff are able to have culturally sensitive conversations
- Monitoring the percentage of maternity and neonatal serious incidents relating to patient care with a valid ethnic code, we would expect to see improvement in this area.
Summary
The NHS has made four pledges to improve equity for mothers and babies, and race equality for NHS staff in England.

| Pledge 1: The NHS will take action to improve equity for mothers and babies and race equality for NHS staff |
| Pledge 2: Local maternity systems will set out plans to improve equity and equality |
| Pledge 3: LMSs will receive support to improve equity and equality |
| Pledge 4: The NHS will measure progress towards the equity aims |

Equity means that all mothers and babies will achieve health outcomes that are as good as the groups with the best health outcomes. 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. And there is strong evidence highlighted in the NHS People Plan that: “...where an NHS workforce is representative of the community that it serves, patient care and...patient experience is more personalised and improves”.

And so, if equity for mothers and babies is to improve, so must race equality for staff.

The analysis which we undertook during 2021/22 was the first step in understanding the local population and workforce across the South Yorkshire (SY) Local Maternity and Neonatal System (LMNS). This has enabled us to develop this plan which addresses the following two aims for maternity and neonatal care:

- To improve equity for women, birthing people, babies and their families
- To improve equality in experience for staff from minority ethnic backgrounds.

The actions described in this plan touch on all aspects of our work as a Local Maternity and Neonatal System. We are dedicated to fulfilling NHS South Yorkshire's vision to improve health and wellbeing, the quality and experience of care, eliminate health inequalities and to ensure South Yorkshire's people have access to the services they need. Whilst we recognise this as a bold ambition, now is the time to be bold if we wish to have a long-standing positive impact on the health of our population.

To do this, we will continue working with our service users, Maternity Voice Partnerships, NHS trusts, the Voluntary Community and Social Enterprise (VCSE) and partners across South Yorkshire, including Bassetlaw, to design services that achieve these goals for our communities. We will continue to support our workforce, including those joining maternity services for the first time, to develop, thrive and provide the best possible support for the women, birthing people, babies and families that we care for.
Who will be involved in this work?

Our communities
- Maternity Voice Partnerships across South Yorkshire, including Bassetlaw
- South Yorkshire Service User Voice Lead
- Anyone who has used our services. We are particularly keen to hear from those who have used our services in the past five years
- Healthwatch.

NHS trusts
- Directors / Heads of midwifery
- Governance leads
- Maternal medicine teams
- Consultant midwives
- Public health midwives
- Digital midwives
- Workforce / pastoral leads
- Smoking in pregnancy leads
- Continuity of care leads
- Neonatal staff
- Diabetes prevention leads
- Infant feeding leads
- Health and wellbeing leads
- Educators
- IT Suppliers
- All midwives
- All obstetricians
- All maternity support workers
- All other staff working in maternity services, including operation and administrative teams.

NHS South Yorkshire
- Local Maternity and Neonatal System (LMNS) programme team
- Chief Nurses
- Commissioners
- Maternal mental health team (MMH)
- Perinatal mental health team (PMH)
- ICB Mental health, learning disabilities and autism team
- ICB Equality, diversity and inclusion (EDI) team
- The South Yorkshire Integrated Care Board (ICB)
- ICB Children and Young People’s Programme Team
- ICB Digital Programme
- ICB Workforce Hub / Programme Team
- ICB Population Health Management Team.

Our partner organisations
- Local Authority public health teams
- Local Authority commissioning teams
- Local Authority children, young people and families teams
- Family hub leads
- Voluntary sector leaders.
How you can support this work:

As a pregnant woman / person, or parent
One of the best ways you can support your local maternity service as a pregnant person is to make sure you are:

- attending all of your planned appointments, or cancelling / re-arranging when needed
- talking to your care team about any questions or concerns you have
- following the advice of your midwife, consultant and wider care team
- seeking the support you need, if / when you need it.

Follow the South Yorkshire Local Maternity and Neonatal System (SY LMNS) on Facebook to stay up-to-date with more information about our work, information on staying healthy during pregnancy and to tell us about your experiences. https://bit.ly/3diDMJm

Collecting feedback and listening to the experiences of the people who use our services is one of the best ways we can make improvements to the way they run. If you’ve used a maternity service in South Yorkshire, including Bassetlaw, in the last five years, please consider engaging with your local Maternity Voice Partnership (MVP) to share your experiences and help influence the improvements we make.

As an organisation providing maternity care
As part of this action plan we have identified actions for all NHS providing maternity care in South Yorkshire, and we will support them to put these actions into practice. Trusts can also support this work by:

- supporting staff to attend training and education
- support staff wellbeing and continued professional development
- listen to the feedback and experiences of service users, coproducing services improvements
- through compassionate leadership where support and transparent cultures are developed
- encouraging staff to voice their opinions and any concerns, and listening to them.

As a professional working in maternity services
Our maternity services couldn’t function without our dedicated staff and workforce. As a member of staff you are also one of the people who is best placed to suggest improvements and ways that things could be done differently.

If you work in maternity services in South Yorkshire, please consider:

- joining a specific LMNS project group, depending on your area of interest
- suggesting improvements to your management team.
Thank you for reading.

https://syics.co.uk/lmns

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