North Central London
Integrated Care System

North Central London Local Maternity and Neonatal System

Equity and Equality Action Plan

Spring 2024

Contents

1. Introduction

The Local Maternity and Neonatal System (LMNS) Equity and Equality Action Plan is the basis for much of the system-level transformation that will take place in maternity and neonatal services across North Central London (NCL) in the coming years.

We recognise inequalities are a safety issue, and by focusing on improving the outcomes and experiences of people from minoritised and marginalised groups we will reduce inequalities, support the wider population and identify opportunities to strengthen services for all.

As a system, we are committed to embedding principles of equity in our ways of working. This includes involving minoritised individuals in every stage of transformation, from planning through to delivery and evaluation, and recognising the impact of systemic issues such as racism and sexism.

To develop this plan, we analysed local data and engaged extensively with people from across our local community, including women, birthing people and their families, community and voluntary groups, and health and care partners. National priorities were also considered.

We are aware of the need to take focused and rapid action to reduce inequalities. Where possible, we will embed quality improvement approaches to rapidly test improvements for specific marginalised groups in our population, then share and scale learnings across our system and beyond.

Executive leads for North Central London Integrated Care Board (NCL ICB)

Chris Caldwell, Chief Nursing Officer

Sarah Mansuralli, Chief Strategy and Population Health Officer

Clinical leadership for the LMNS

Chandrima Biswas, Lead Obstetrician for Perinatal Quality NCL ICB, Whittington Health NHS Trust

David Connor, NCL Maternity Co-Chair & Director of Midwifery, Royal Free London NHS Foundation Trust

George Attilakos, NCL Obstetric Co-Chair & Consultant Obstetrician, University College London Hospitals NHS Foundation Trust

Giles Kendall, Clinical Lead Neonatology North Central London and University College London Hospitals NHS Foundation Trust

Sumayyah Bilal, Assistant Director of Maternity and Neonates Quality and Service Development, NCL ICB

2. National context

Stark and persistent differences in maternal and perinatal outcomes exist between different groups of women and birthing people across the UK. MBRRACE-UK is the annual investigation into the deaths of women during pregnancy, childbirth, and the year after birth. The 2023 report[1], which looks at maternal deaths between 2020 to 2022 in the UK, finds that although social inequalities linked to ethnicity are decreasing, reductions are only being seen due to an overall increase in the UK's maternal death rate amongst white women:

- There remains an almost three-fold difference in maternal mortality rates amongst women from Black ethnic backgrounds compared to White women. The maternal mortality rate for Black women has decreased from 2019-21 but not statistically significantly so. The apparent disparity has decreased largely due to an increase in the maternal mortality rate amongst White women
- As in 2019-21 there remains an almost two-fold difference amongst women from Asian ethnic backgrounds compared to White women.
- Women living in the most deprived areas have a maternal mortality rate more than twice as high as women living in the least deprived areas. This disparity is statistically unchanged from 2019-2021.

In terms of perinatal deaths, The MBRRACE-UK Perinatal Mortality Surveillance Report[2] for UK perinatal deaths between January and December 2021, found that perinatal mortality rates increased across the UK in 2021 after 7 years of year-on-year reduction. Ethnicity and deprivation continue to affect perinatal outcomes:

- In 2021, there were notable increases in stillbirth rates for babies born to mothers from the most deprived areas (from 4.29 per 1,000 total births in 2020 to 4.69 per 1,000 total births in 2021), and for babies of Black ethnicity (from 6.42 per 1,000 total births in 2020 to 7.52 per 1,000 total births in 2021), leading to widening inequalities.
- In 2021, there were also increases in neonatal mortality rates for babies born to mothers from the most and least deprived areas, and for babies of Black, Asian and White ethnicity, leading to sustained inequalities by both deprivation and ethnicity.
- Due to considerably higher proportions of babies of Black African, Black Caribbean, Pakistani and Bangladeshi ethnicity being from more deprived areas, they are disproportionately affected by the higher rates of stillbirth and neonatal death associated with deprivation. However, mortality rates for babies of Black and Asian ethnicity remain higher than for babies of White ethnicity across all five deprivation quintiles.

As part of the Women's Health Strategy for England (2022)[3], the Department for Health and Social Care has set out its ambition to tackle disparities in access to services, experiences of services, and outcomes. The strategy states that women with "additional risk factors or who face additional barriers" must have equitable access to services; that all women must be able to access health and care services that are "free from stigma and discrimination"; and that experiences of the healthcare system must be "supportive, positive and sensitive to additional needs they may have". Within pregnancy and maternity care specifically, the strategy aims to reduce "disparities in outcomes and experiences of care for mothers and babies", and to ensure that all women receive "equitable maternity care that is responsive to their individual needs and choices".

[1] MBRRACE-UK Maternal Mortality 2020-2022
[2] MBRRACE-UK Perinatal Mortality Surveillance: UK Perinatal Deaths for Births from January to December 2021
[3] Women's Health Strategy for England, 2022

3. North Central London (NCL) context

Understanding our population

NCL is an area of high ethnic diversity covering five London boroughs (Barnet, Camden, Enfield, Haringey, and Islington), and is home to a population of around 1.5 million, of which 34% are women and birthing people of childbearing age. Among these women and birthing people, approximately 32% identify as other white, 24% as white British, 16% as Asian and 12% as Black[4].

Significant differences have been identified in the maternal health of women and birthing people from different ethnic backgrounds across NCL. Black women and birthing people, for example, have been found to have a significantly higher prevalence of obesity, while a higher prevalence of diabetes has been found among Asian women and birthing people[5]. Babies born to Black and Asian mothers in NCL have also been identified as having higher rates of admission to neonatal units than those born to white women and birthing people[6].

NCL also has wide socio-economic variation and, like many areas of London, has areas of high deprivation in close proximity to areas of affluence. There are distinct spatial patterns of deprivation, with particular concentrations of deprivation towards the east of NCL, with Enfield, Haringey and Islington having, on average, higher levels of deprivation[7]. Maternity admissions in NCL by level of deprivation shows that almost half of all maternity admissions in NCL are in the most deprived 40% of the population[8].

There is a clear link between deprivation and adverse maternal health outcomes. For example, 60% of neonatal admissions at NCL sites are for babies in the 40% most deprived quintiles of the population[9]. An audit of stillbirths in Haringey in 2023 showed a higher proportion of women and birthing people from 'Any other White' backgrounds were having stillbirths, followed by Black African women, as well as those requiring language services, women and birthing people over 40 years of age and people living in deprived areas.

We recognise the intersection between ethnicity and deprivation, with some ethnic groups more likely to be living in the most deprived areas[10]. Clearly the intersections between ethnicity and deprivation must be taken seriously when considering efforts to reduce inequalities in maternal health and outcomes across NCL, as should other social determinants of health.

NCL data about the prevalence of mental health conditions in pregnant women and birthing people is not readily available, however overall population data suggests a higher prevalence of mental health conditions in NCL than the London average: 9.2% of the NCL population was diagnosed with depression in 2019/20, compared to the London average of 8.2%, and 1.3% of the population was diagnosed with severe mental illness, compared with a 1.1% average in London[11]. In 2021/22 NCL had a lower rate of take-up for perinatal mental health services than the national target: 4.9% compared to the 8.6% NHS Long Term Plan ambition[12]. Deprivation is associated with mental health conditions during pregnancy[13], so reduced access to perinatal mental health services will not only have a negative impact on health outcomes but will widen existing health inequalities.

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[4] NCL Start Well Case for Change: Figure 78: Ethnicity of women of childbearing age in NCL
[5] NCL Start Well Case for Change: Figure 17: Diabetes during pregnancy by ethnicity
[6] NCL Start Well Case for Change: Figure 32: Rate of neonate admissions by mother's ethnicity
[7] NCL Start Well Case for Change: Figure 21: Map of income deprivation by IDACI decile
[8] NCL Start Well Case for Change: Figure 79: Maternity admissions by deprivation in NCL
[9] NCL Start Well Case for Change: Figure 33: Neonatal admissions at NCL units by deprivation
[10] NCL Start Well Case for Change: Page 51
[11] NCL Start Well Case for Change: Page 76
[12] NCL Start Well Case for Change: Figure 35: Perinatal mental health access by borough
[13] Impact of socioeconomic deprivation on maternal perinatal mental illnesses presenting to UK general practice

Key points

- In 2020/21 babies born to Black women and birthing people had twice the rate of admission to a neonatal unit (3 per 1000) than babies born to White British women and birthing people (1.4 per 1000).
- Data from April to December in 2021 showed a significantly higher prevalence of diabetes during pregnancy amongst Asian women (22%) and Black women (16%) compared to the NCL average (12%).
- Early findings from a 2023 audit of stillbirths in Haringey found a higher proportion of women and birthing people from 'Any other White' backgrounds were having stillbirths, followed by Black African women, as well as those requiring language services, women and birthing people over 40 years of age and people living in deprived areas.
- In 2021/22 only 4.9% of pregnant women and birthing people in NCL access perinatal mental health services, significantly below the 8.6% NHS Long Term Plan ambition.

Understanding our workforce

Like all maternity services, the workforce in NCL is majority female. The Women's Health Strategy for England, released in 2022, highlights the importance of supporting women's health in the workplace: from encouraging women to discuss their health openly, to supporting women to manage their unpaid caring responsibilities, to managing symptoms of menstrual health problems such as endometriosis or menopause. This has been considered as part of NCL's Equity and Equality Action Plan.

NCL has an ethnically diverse workforce: staff from the global majority account for a large proportion of the workforce, which varies by trust and the ethnic mix of the local population. At North Middlesex University Hospital NHS Trust global majority staff make up 68% of the workforce[14], while at Whittington Health NHS Trust 41% of staff are from the global majority[15]. At Royal Free NHS Foundation Trust the figure is 57%[16], and at University College London Hospitals (UCLH) NHS Trust it is 50%[17].

The NHS Workforce Race Equality Scheme (WRES) draws together data relating to the staff employment cycle. It measures the impact of recruitment, entry into disciplinary process, access to non-mandatory training, bullying and harassment, equal opportunities, career progression and promotion, experiences of discrimination, and board representation in the workplace. Trust published WRES data[18] highlights significant disparities between white and global majority staff across NCL, which is an issue that is widespread across the NHS and all clinical services.
In response to WRES data, trusts develop annual action plans to reduce racial inequalities. There are a broad range of initiatives being implemented across NCL, ranging from a Freedom from Racism training programme for staff at Royal Free[19], to annual equality, diversity and inclusion

[14] North Mid Annual Report, Accounts and Quality Account, 2023
[15] Whittington Health NHS Trust Public Sector Equality Duty Compliance Report 2022 - 2023
[16] Royal Free London Annual Report and Accounts 2022/23
[17] UCLH Annual Equalities Report, 2022 - 2023
[18] Royal Free Annual Workforce Race Equality Standard (WRES) Report 2023, UCLH Workforce Race Equality Scheme Data 2023, Whittington WRES report 2023, and North Mid WRES Action Plan 2023 - 2028
[19] Royal Free Annual Equality Report for Patients and Workforce 2022 – 2023,

conferences at North Middlesex[20], a Recruitment Charter at UCLH[21] that requires managers to explain why they have not selected a global majority candidate for a post, and external mentoring for senior global majority colleagues at Whittington Health[22].

All Trusts have a retention lead in post. Part of the remit of the role is to support staff development so they could be involved in initiatives to improve experiences and opportunities for staff who experience racism.

At a London region level, the CapitalMidwife programme has been developed in response to the need to apply 'once for London' solutions to the challenges faced by the workforce. These include staff shortages, increased workload, retention of staff and policy changes. Several resources are available including an Anti-Racism Framework, Fellowship for global majority midwives, and a Preceptorship Framework. A Health and Wellbeing Framework is also being piloted.

NCL Integrated Care System and the Start Well Programme

The NCL Integrated Care System (ICS) is focused on providing care and support that improves the health and wellbeing of everyone living in our five boroughs. Delivering improvements in population health while tackling inequalities in outcomes, experience, and access across NCL is a core and critical purpose of our ICS, and a central theme in our NCL Population Health and Integrated Care Strategy[23].

The strategy outlines how as a health and care system we will deliver our vision for a prevention-oriented, proactive, integrated, holistic and person-centred approach to care, to improve population health, reduce health inequalities and ensure our health system is sustainable. It follows the life course, with the aim of enabling NCL residents to start well, live well and age well. Examples of some of our initiatives to reduce health inequalities include our Inequalities Fund that targets resources to areas of greatest need by working with grass root organisations, and our recent NCL Inclusion Health Needs Assessment undertaken to help the system better understand the health needs of inclusion health groups.

This Equity and Equality Plan will play an important role in delivering the NCL Population Health and Integrated Care Strategy and Delivery Plan, which has Start Well as one of the key transformation programmes taking forward the ambition to deliver a population health approach and reduce inequalities. The Plan supports delivery of outcomes within our NCL Outcomes Framework[24] to improve maternal health, reduce inequalities in perinatal outcomes, and reduce infant mortality. It also supports delivery of ambitions within Core20PLUS5, NHS England's strategy to tackle health inequalities, which has maternity as one of the five clinical areas of focus for adults, as well as the related new duty on ICBs to report data on health inequalities, in which one of the focus areas is maternity, specifically pre-term births.

In November 2021 the Start Well Programme, aimed at giving every child in North Central London the best start in life, was launched. A case for change in children and young people, maternity and neonatal services was published in summer 2022. This was delivered through collaborative engagement between organisations and clinical leaders across the area. Insights, experiences and views from those working for, living in and using the services of health services in NCL were gathered.

[20] North Mid Annual Report, Accounts and Quality Account, 2023
[21] UCLH Annual Equalities Report, 2022 - 2023
[22] Whittington Health NHS Trust Public Sector Equality Duty Compliance Report 2022 - 2023
[23] NCL Population Health Strategy
[24] NCL Outcomes Framework

In November 2022 proposals for changes to care models were made. This included proposals for changes to maternity and neonatal services. During late 2023 and early 2024 a consultation was undertaken to consider reducing the number of obstetric units, having only level 2 or 3 neonatal units and not having a standalone midwifery-led unit. The consultation responses are being independently evaluated and the feedback will be considered as part of the development of next steps and the progression to a decision-making business case.

Within the overall vision of Start Well, maternity services in NCL must ensure they are safe, compassionate, personalised and family-friendly. Our maternity services must be active in empowering NCL's diverse population of pregnant women and birthing people to make informed decisions about their maternity care and in ensuring that all pregnant women and birthing people have care that is safe and effective.

5. Development and delivery of the Action Plan

This Action Plan provides a key part of our response to the themes that emerged through the Start Well Case for Change. The LMNS has contributed to and drawn from the data that underpins the Start Well Case for Change, and themes that arose from the extensive community engagement have been incorporated into this Action Plan. It draws out both the immediate and longer-term actions that sit within the scope of the LMNS to deliver, based on an extensive gap analysis undertaken across NCL. It covers actions that would be needed to improve services irrespective of the changes that are being consulted on as part of the reconfiguration proposals.

This version of the Action Plan is current as of Spring 2024, however it is a live document that may be subject to change as we learn more about the needs of women and birthing people in NCL and adapt our approaches to ensure the best possible care and outcomes for them.

In line with NCL ICS' Start Well vision, NCL LMNS believes all women and birthing people should have access to the same high-quality outcomes in maternity care, regardless of their background. The Equity and Equality Action Plan sets out NCL LMNS's plans to reduce inequalities in maternal risk factors and birth outcomes across NCL, and to improve equity in the workforce.

In addition to women and birthing people from groups that experience racism, and people living in areas of deprivation, NCL LMNS has decided to focus on additional inclusion groups based on our understanding of acute and under-addressed needs and evidence of inequality in maternity outcomes. These additional inclusion groups are:

- Women and birthing people at risk of suicide and those experiencing mental health issues
- Women and birthing people with involvement from social services during their maternity care
- Women and birthing people in contact with the criminal justice system
- Women and birthing people with insecure immigration status.

Definitions and terminology

As an LMNS we have adopted recommendations from the report from the Commission on Race and Ethnic Disparities, 2021 (recommendation 24) and the Government response in Inclusive Britain, 2022 (action 5) to disaggregate the terms 'BAME' and 'BME'. We instead use the terms 'global majority' and 'people with lived experience of racism', which are currently advocated for by the #BAMEOver campaign[25]. We recognise the need to be as granular and specific as possible in how we talk about ethnicity and just as precise in how we talk about and plan solutions to address gaps in outcomes and experiences between groups. We advocate the use of the ethnic classifications of the Census, which include a large proportion of our community and help us to focus on and understand the disparities for specific groups.

There have been challenges accessing essential information as national data sources continue to use the terms 'BAME' and 'BME'. As a result, there may be references made in this document to the aggregated terms. However, wherever possible and where data allows, we have tried to be as specific as possible in our references to ethnicity and identity. In addition, in NCL significant inequalities are experienced by communities in the 'white other' category. National data does not break this category down further which makes it difficult to understand challenges within specific communities. We are aware work is underway nationally to address the way this data is collected and presented.

We want this document to be inclusive of everyone's experiences of life and health care and

[25] #BAMEOver – a statement for the UK

therefore refer to ‘women and birthing people’ when describing those who use maternity services. Services should be appropriate, inclusive, and sensitive to the needs of individuals whose gender identity does not align with the sex they were assigned at birth.

Co-production and what we’ve heard

The NCL LMNS Equity and Equality Action Plan has been developed in partnership with stakeholders from across the maternity and neonatal system, partners in the ICS including the Start Well programme team, local voluntary and community sector (VCS) organisations, and with detailed input from four women with relevant lived experience.

To develop the Start Well Case for Change, 518 residents were engaged, with 207 participating in in-depth conversations and focus groups. 188 community and voluntary sector organisations were contacted. Birth Companions supported the LMNS to survey voluntary sector organisations that specifically support pregnant women, birthing people, and their families.

During Start Well engagement, residents and patients said safe and compassionate care is paramount. They felt good communications were a vital component of good maternity services; information needed to be offered by health professionals at the right time without patients having to ask a lot of questions. Further, it was important that health professionals took care to understand them and their needs and wishes - for example, when first languages were not English and when patients had learning disabilities. The survey showed that people felt having the right specialists available if a patient’s health deteriorates during pregnancy or birth was the most important factor in maternity care.

Users of maternity services said the following areas are important:

- Consistency – seeing the same team throughout pregnancy and birth
- Ensuring any problems with a baby are picked up soon after birth
- Having maternity and neonatal services co-located
- Being able to easily get appointments when needed
- Friendly and helpful staff
- Good communication between all parties involved
- Partners being present at birth and after a baby is born.
- People with a learning disability highlighted appropriate communication, access to an advocate, additional support to care for newborn babies and non-judgmental care as being important.

Communication was a key theme from the community and voluntary sector organisations who support pregnant women and birthing people who are facing disadvantage and inequality. This covered both translation and interpretation, empathy and cultural awareness and the ability to provide information that is accessible and non-medicalised language. The three most important opportunities to improve maternity care felt by those consulted were:

- If health during pregnancy or birth deteriorates the right specialists are available
- Those who are at greatest risk of complications are prioritised to see the same midwife and team throughout pregnancy
- Women and pregnant people see the same hospital-based team throughout pregnancy.

Responses from the maternity workforce demonstrated that staff and stakeholders feel the following are important:

- Staff were keen to emphasise the value of specialist services and access to specialist care, for example, interventional radiology and vascular services
- Staff highlighted the need to balance patient choice alongside the needs of the whole

population
- Capacity, resourcing and collaborative workforce models including how to provide more care in community settings and paying attention to flows from outside NCL
- Information and the resources to help people decide about their preferred place to birth, including exploring a single point of access
- The impact of complexity including the importance of supporting women and pregnant people to be seen in the most appropriate setting for their level of clinical need including the place of standalone birth centres
- Focusing on inequalities including those who may experience digital exclusion.

Throughout the engagement process we have secured significant commitment to sustained involvement in this work. Many of those involved have expressed strong interest in being part of work to help guide delivery of the plan in NCL and to monitor progress and shape adaptations as necessary over time.

Update of the Action Plan

This Action Plan was first written in 2022 and refreshed in 2024 to reflect recommendations from the Start Well case for change, an audit of Stillbirths in Haringey that was carried out over 2023 and is currently being finalised, and findings from the CQC Women's Survey. The Women's Health Strategy for England, and national and regional maternity priorities were also considered, and discussions were held with trusts and NCL Maternity and Neonatal Voices Partnerships (MNVPs) to confirm priorities and approaches.

This updated document does not seek to change the overall context or content of what was coproduced in 2022 but incorporates new learnings about the needs of NCL's population and changes to the wider maternity landscape. It also seeks to provide a clearer indication of the actions required to meet the goals and outcomes indicated within the original plan.

Summary of recommendations from the Start Well programme
The Start Well programme recommended aligning the LMNS Equity and Equality Action Plan with recommendations from Start Well engagement and the emerging recommendations form the Haringey Stillbirth Audit. This is the basis for this refreshed document. Start Well also recommended improvements to the following areas:
- supporting staff training and understanding
- service user involvement in maternity services
- access to appropriate interpretation services
- use of digital tools
- supporting people with learning disabilities
- improving the quality of communication with service users
- improving maternity data quality
- provision of continuity of carer
- use of personalised care support plans.

Summary of early recommendations from the Haringey Stillbirth Audit
The Haringey Stillbirth Audit is being finalised. Early recommendations highlight a broad range of actions that could be taken to reduce the number of stillbirths, which are applicable across North Central London. Some of the key areas include:
- support for specific groups, including younger pregnant women and birthing people, people with obesity, people with obstetric history, and those with unplanned pregnancies
- strengthening clinical pathways, including aspirin in pregnancy and smoking cessation

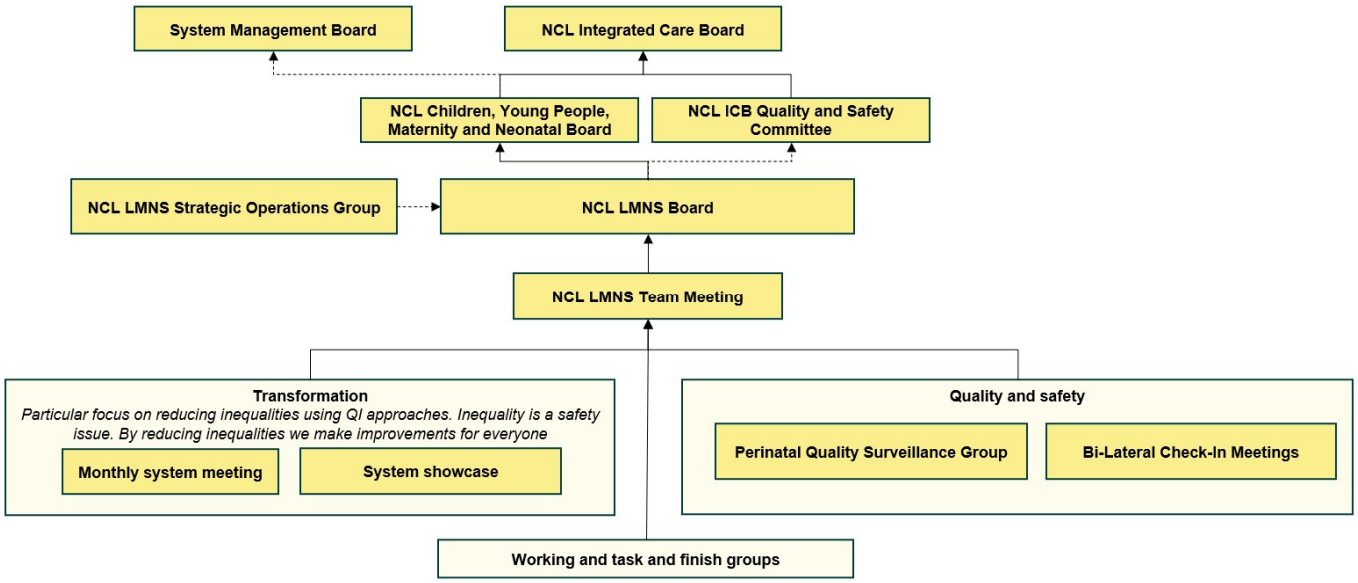
- making improvements to language services
- improving data quality and carrying out audits
- embedding personalised care support plans
- providing midwifery continuity of carer as safe staffing allows
- supporting people with pre-existing medical conditions through the maternal medicine network
- strengthening links across the health and care system
- carrying out tailored antenatal classes for marginalised groups.

Summary of findings from the CQC Women's Survey
The CQC Women's Survey is an annual national survey to understand the experiences of women and birthing people. We cross-referenced the results for all four NCL trusts and identified maternal mental health as a common area where improvements need to be made. In addition, there are areas where shared learning between trusts may support improvements for patients: some trusts are performing particularly well in an area that other trusts need to improve.

Delivery of the Action Plan

An overview plan of the required actions can be found at the end of this document. This includes the process for a plan for communicating the LMNS Equity and Equality Action Plan.

The Equity and Equality Action Plan will be the basis for much of the transformation work that will take place in the LMNS in coming years. The organisational chart below demonstrates the refreshed governance arrangements that will support its delivery.



It will be integrated into the LMNS' overall priorities and strategy, rather than sitting as a separate action plan, to ensure this essential work to reduce equalities drives all LMNS transformation initiatives. By focusing our efforts on developing services that can support the most marginalised people in our communities, we will improve services for everyone.

Executive leadership will be provided by Chris Caldwell, Chief Nursing Officer for NCL ICB and SRO for maternity and neonatal services, and Sarah Mansuralli, Chief Strategy and Population Health Officer. Clinical leadership will be provided by Chandrima Biswas, Lead Obstetrician for Perinatal Quality NCL ICB, Whittington Health NHS Trust, David Connor, NCL Maternity Co-Chair & Director of Midwifery, Royal Free London NHS Foundation Trust, George Attilakos, NCL

Obstetric Co-Chair & Consultant Obstetrician, University College London Hospitals NHS Foundation Trust, Giles Kendall**,** Clinical Lead Neonatology North Central London and University College London Hospitals NHS Foundation Trust, and Sumayyah Bilal, Assistant Director of Maternity and Neonates Quality and Service Development, NCL ICB

Day-to-day delivery will be overseen by the Director and Assistant Director of Maternal and Neonatal Services, with support from the LMNS programme team. Heads and Directors of Midwifery and the clinical leadership team will work to take forward the action plan. Several elements of the plan will be carried out in conjunction with other NCL ICB teams, including workforce, mental health, and procurement (for language services). Progress will be reported to the LMNS Board, and from the LMNS Board to the ICB's Children, Young People, Maternity and Neonatal Services Board.

We will involve women and birthing people with lived experience in work to improve care for them and their communities. For example, we plan to recruit a small panel of Black women and birthing people of different ethnicities and religions to advise on the development and roll-out of plans to improve the detection of perinatal mental health needs amongst Black women. We will also work closely with NCL MNVPs to support their work.

To communicate the work, and help all those involved to deliver against it, we will develop a communications programme to share key messages across the workforce and with wider stakeholders and partners, including future workforce entrants via local universities and training centres, and work closely with the ICB to communicate the action plan across the area, linked to work to address the social determinants of health, including the Start Well programme.

6. Immediate actions to improve equity and equality

Personalised care

Personalised care involves valuing people as active participants and experts in the planning and management of their own health and wellbeing. It ensures that the outcomes and solutions developed have meaning to the person in the context of their whole life, leading to improved chances of successfully supporting them.

Personalised care has the potential to reduce health inequalities and strengthen joint working across the NHS, local authorities, the voluntary, community and social enterprise sector (VCSE) and service users. A growing body of evidence shows that better outcomes and experiences are possible when people are actively involved and can shape their care and support.

Personalised Care Support Plans
Personalised Care and Support Plans (PCSPs) are a tool to support and document conversations and decision-making processes to develop an agreed plan. PCSPs represent a significant change in workplace culture and aim to empower women and birthing people as the lead decision-makers in their own care[26].

The national target is for 100% of women and birthing people to be provided with a PCSP. In NCL, all four Trusts have different maternity information systems, and each system is aiming to have an integrated PCSP, however work continues to ensure two-way communication and meet national requirements. To support this, the LMNS has commissioned the development of a target operating model for digital and data, and a three-year roadmap to implement it. This will include a digital approach for providing a PSCP to all women and birthing people.

Language services
High quality language services need to be available for women and birthing people who do not speak English fluently, those who have learning difficulties, deaf and hard-of-hearing people, and people with vision impairments. The quality and consistency of translation and interpretation services across NCL needs to improve. It was highlighted as a priority during community engagement through the Start Well programme, and an LMNS audit of stillbirths in Haringey showed that a requirement for language services could be one of several contributing factors.

Work is underway to ensure a more standardised approach to providing language services across all maternity services in North Central London. New contracts have been negotiated for three trusts and the fourth is in progress.

The LMNS will coordinate shared learning around language services across the maternity system, including clarifying details on the new contracting arrangements and KPIs, standards maternity services should aim for (based on the London 'Using Interpretation Services' toolkit[27]), improvement work being undertaken, and opportunities to strengthen services at a trust-level.

Access to on-demand translation services will be improved. The LMNS will ensure on-demand translation is available through a video interpreting service, and North Middlesex University NHS Trust (NMUH) will pilot CardMedic on behalf of the LMNS. This is an award-winning website and

[26] Quality and safety of Maternity care (England) 2024
[27] Using Interpretation Services is a resource pack for commissioners and maternity providers, developed by the London Interpretation Task and Finish group, which aims to improve the way that interpretation services are provided to pregnant women or birthing people who experience language barriers

app designed to improve communication between healthcare staff and patients across any barrier such as visual, hearing or language. The pilot will focus on women and birthing people using maternity services who require translation and interpretation services and will commence in April 2024, we will also monitor pilots taking place elsewhere in London. If appropriate it will be rolled out across the LMNS.

Trusts maternity services will work to improve the quality of the language services being provided. They will establish a named lead who will provide regular feedback to the translation services contract holder within their trust. They will also seek to pilot quality improvement initiatives, for example testing approaches to gather more feedback from service users and staff about their experience of using language services. Learnings from pilots that prove effective will be shared across the LMNS to expand good practice across the system.

The system will also consider developing maternity-specific videos with routine information, for example: c-sections, how to self-refer, and how to seek unscheduled maternity care and attend hospital triage. These would be narrated in the top 10 languages spoken at each trust.

Midwifery continuity of carer (MCoC)

Midwifery Continuity of Carer (MCoC) has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for MCoC to be the default model of care for maternity services and available to all pregnant women in England, with rollout prioritised to those most likely to experience poorer outcomes (NHS England, 2021), including women and birthing people from the global majority and those from the most deprived groups.

The national recommendation aligns with the Core20Plus5, a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement, maternity being one of them.

The MCoC model of care requires appropriate staffing levels to be implemented safely. Following the publication of the full Ockenden Report in March 2022, national targets for the delivery of MCoC have been removed, and trusts have formally reviewed staffing in the context of the recommendations from Ockenden. Within North Central London, all Trusts have stated they cannot meet safe minimum staffing requirements for further roll out of MCoC but can meet the safe minimum staffing requirements for existing MCoC provision. Therefore, further roll-out is currently paused but there will be continued support for trusts at the current level of provision.

The active teams target the provision of MCoC to women and birthing people from the global majority, and those living in the most deprived areas. The three-year delivery plan for maternal and neonatal services (NHS England 2023) has also recommended piloting and evaluating new service models designed to reduce inequalities, including enhanced MCoC. NCL LMNS has received funding (up to £48k) to support teams working more deprived areas. The teams that have been awarded the funding are Sunflower (Whittington Health), Enfield 1 and Fortune Green (Royal Free)

Sunflower team is using the funding available by employing a Maternity Support Worker (MSW) Social Prescriber as a pilot project, which has been running since January 2024. Social prescribing is a key component of Universal Personalised Care. It is an approach that connects people to activities, groups, and services in their community to meet the practical, social, and emotional needs that affect their health and wellbeing. An evaluation will be carried out to review its effectiveness and consider whether this can be replicated across NCL.

Enfield 1 and Fortune Green have used the funding to employ a MSW and an administrator to support both teams. As per the national guidance, the teams have the flexibility to use the money

in any way that can support the team to provide enhanced care to the women and birthing people in their communities.

Closer attention should be given to North Middlesex University Hospital as this is the NCL Trust with the highest proportion of women and birthing people from the global majority and those living in deprived areas. Previous bids for enhanced funding have not been successful, however these communities would hugely benefit from the additional funding available. Is it expected further bids will be announced and the LMNS will support North Middlesex to apply. The Trust is part of the NCL MCoC and Personalisation Working Group where best practice and shared and learning is promoted through audit presentations of MCoC Teams, external speakers and group discussions.

The LMNS will also continue to monitor the provision of midwifery continuity of carer via the NCL dashboard and support the National team to review staffing levels and plan for the delivery of MCoC at full scale when it becomes viable.

Digital inclusion
In NCL, work is underway to make sure women and birthing people have access to important information regardless of whether they have access to digital tools. This is in line with trust digital strategies, and is a recommendation from the Start Well programme, as well as the Women's Health Strategy. Work so far has included creating five digital personas, which are now part of the NCL ICS Digital Inclusion Strategy.

In Haringey, where there are high levels of digital exclusion, we are piloting an initiative in partnership with the Haringey GP Federation. Maternity staff from North Middlesex and Whittington hospital can refer women and birthing people to a support service if they identify a potential issue with digital access, and women and birthing people can also self-refer. The work will be rolled out in two cohorts: the first will provide training for digital skills, the second cohort will provide data and devices to those in need. This pilot project will be evaluated to assess potential benefits, with an expectation it may be rolled out across other boroughs. Collaborative work with the ICB Assistant Director – Communities is ongoing to establish more borough partnerships.

Support for women and birthing people with unplanned pregnancies
Data shows women and birthing people with unplanned pregnancies can be at higher risk of poor outcomes, such as stillbirth, pre-term birth and mental health issues. A pilot has been launched with one trust to embed a set of questions within electronic patient records to help identify if a pregnancy was planned or not. When an unplanned pregnancy is identified, the woman or birthing person is referred to a consultant midwife to provide additional, more personalised support. The intention is to include the roll-out this approach across NCL as part of the LMNS' target operating model for digital and data, which is currently under development.

Perinatal health and wellbeing

Supporting the health and wellbeing of women and birthing people during pregnancy and after birth helps to ensure the best outcomes for them and their family and can have a significant long-term impact on their wellbeing and daily functioning.

Maternal medicine
The role of a maternal medicine network is to ensure women and birthing people with significant medical problems receive timely specialist care and advice before, during, and after pregnancy.

Maternal deaths due to indirect causes comprise just over half (53%)[28] of all maternal deaths in the UK, with cardiac disease and neurological causes the top two most common indirect causes of maternal death. MBBRACE reports emphasise the need for cohesive, personalised, multi-disciplinary care and an identified individual responsible for coordinating care, especially for those with multiple morbidities.

The North Central London (NCL) maternal medicine network became operational in January 2022, with the appointment of a multi-disciplinary team including obstetric physicians and a lead midwife. This is hosted by University College London NHS Foundation Trust (UCLH).

Within the first six months of operation, a scoping and initial review of established maternal medicine care pathways was undertaken. In trusts that had no provision multi-disciplinary clinics were launched, led by local obstetricians and maternal medicine network obstetric physicians.

From October 2022, the LMNS funded four 0.5 Band 7 maternal medicine specialist midwives for six months until March 2024. These were appointed to the four spoke units (Barnet, Royal Free, Whittington and North Middlesex) to facilitate maternal medicine services.

The progression of trust maternal medicine services has been significant since the specialist midwives have come into post and has demonstrated their role is vital to creating an equitable maternal medicine service across NCL. The maternal medicine midwives provide assurance that all women who require maternal medicine services can access the services, be seen by the appropriate clinicians and receive personalised care. Additionally, it has increased and refined communication across NCL: women sometimes need to be seen and reviewed by specialists at alternative hospitals to the one they booked at. The specialist midwives coordinate this care, ensuring clear communication between the different healthcare specialists.

Maternal mental health

In 2021/22 only 4.9% of pregnant women and birthing people in NCL access perinatal mental health services, significantly below the 8.6% NHS Long Term Plan ambition[29]. Since the Start Well case for change was published, an additional investment was allocated to these services in 2023/24 to support provision.

NCL is one of nine NHS Trusts and Integrated Care Systems that has been accepted to participate in an innovative Learning and Action Network.

The Network, the first of its kind for the NHS, has been established by the NHS Race and Health Observatory, in partnership with the Institute for Healthcare Improvement and supported by the Health Foundation, to address the gaps in maternal outcomes between women and birthing people from different ethnic groups.

Over 15 months, NCL LMNS will use fast-paced PDSA cycles to improve the detection of perinatal mental health problems. The work will begin with system-wide data collection to establish a baseline and identify the ethnic group facing the greatest perinatal mental health inequalities. Rapid changes will then be tested, for example, targeted training for maternity staff. The pioneering work will be evaluated and shared nationally.
The work is underpinned by explicit anti-racism principles, such as involving racially minoritised individuals in every stage of development and identifying racist bias in policies, decision-making processes, and other areas across the system. The programme will run until June 2025, it is supported by an advisory group from the NHS Race and Health Observatory, Institute for Healthcare Improvement, and experts in midwifery, maternal and neonatal medicine.

[28] Saving Lives, Improving Mothers' Care, Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21
[29] NCL Start Well Case for Change: Figure 35: Perinatal mental health access by borough

In addition, we will work to strengthen links between maternity and mental health teams, including working with the NCL-wide Perinatal Mental Health Service, which provides specialist perinatal mental health services across the area and is led by NCL ICB's mental health team. The LMNS will work with the team through Learning and Action Network and adapt the ICB and LMNS' governance processes to facilitate greater collaboration.

Perinatal pelvic health service
NCL was successful in securing funding to enhance perinatal pelvic health services (PPHS) as a fast follower for the national programme in March 2022. This will be used to reduce the current service inequalities that exist across NCL providers.

From April 2024, specialist staff will be in post who will establish two community hubs, implement referral pathways, and manage a single point of access for perinatal pelvic health issues. This will help to deliver the national ambition to improve the prevention, identification, and treatment of 'mild to moderate' pelvic floor dysfunction following birth, and ultimately reduce the number of women and birthing people living with pelvic floor dysfunction postnatally, and in later life.

Implementation of the service will be phased so it can be tested and developed to determine the optimal service model for women and birthing people, this will also provide opportunities for collaborative partnership between maternity and women's health physiotherapy practitioners. Alongside this, the LMNS will look to embed regionally developed videos about pelvic health at a service level.

Reducing stillbirths
In 2023/24, in response to the Start Well Case for Change, NCL carried out an audit of stillbirths in Haringey as the rate in the borough was historically the highest in England, although it has subsequently improved. In recent reports, Enfield is also consistently high.

The audit found a higher proportion of women and birthing people from 'Any other White' backgrounds, followed by Black African women, were having stillbirths, compared with the proportion of women having livebirths. Those requiring language services, women and birthing people over 40 years of age and those living in more deprived areas were also disproportionally impacted.

The audit and resulting action plan are being finalised. Early recommendations have been considered and incorporated into this Equity and Equality Action Plan. The priority areas include:

- Improving language services
- Personalised care support plans
- Midwifery continuity of carer
- Maternal medicine
- Improving data quality, and
- Strengthening shared learning across the system.

In addition, work to better understand and support the population of 'Any other White' women and birthing people in North Central London will need to be considered. The final report will be reviewed and considered in relation to LMNS priorities when it is finalised.

Shared learning

Continuously learning and sharing ideas is an efficient and cost-effective way to embed good practice across NCL. We will take forward improvements that are targeted, data-driven and tested.

Strengthening shared learning
A comprehensive review of equity and equality plans in NCL LMNS has identified that improving shared learning across the LMNS is a key opportunity, as this will support and further enhance the delivery of a wide range of work in other related areas.

Alongside an update to LMNS governance processes and priorities, the LMNS will work to strengthen processes that facilitate shared learning. This will include creating a centralised shared learning platform, establishing regular staff communications across the system, and considering mechanisms to focus activity across the system and foster more collaborative working practices.

Improving data quality
Strengthening the quality of data across NCL LMNS will improve health and wellbeing outcomes, reducing health inequalities and strengthen joint working across the NHS. It gives trusts and the LMNS the information needed to focus on prevention and allows NCL to have an overview of the population by providing an accurate baseline. By monitoring and evaluating using high quality data we can evidence changes in practice in policy and share successful improvement work across the system. Good quality data also means we can harmonise metrics and submission requests and identify areas where trusts may benefit from additional system-wide support.

In NCL, a significant amount of work has already been undertaken to strengthen data quality. Each Trust has a digital strategy that has been mapped to the What Good Looks Like (WGLL) criteria, and the NCL LMNS Digital Clinical Lead Midwife supports Trust digital leads and senior managers to improve data quality and reporting mechanisms. A revised LMNS dashboard was launched in April 2023 to track and benchmark performance across the system and help identify patient safety issues in a timely manner.

In 2024/25, work to improve data quality will continue to be pushed forward rapidly through an externally commissioned baseline review: a future target operating model for maternity and neonatal digital and data will be developed, alongside a three-year roadmap to implement it. This will help ensure the right data is consistently collected across all sites and the data collected is of a high quality, and that data flows are automated and feed through at a system level to ensure the appropriate oversight of services.

Audit of maternal deaths
Maternal deaths in NCL are fortunately rare events, although our system is not an outlier, we are conducting an audit of maternal deaths as we recognise this is the most grievous possible outcome.

Maternal deaths are more likely to occur in more deprived areas and amongst people from global majority communities. The audit will identify any trends in causes and contributory factors within NCL. This includes viewing Health Services Safety Investigations reports, Serious Incident reports and case notes, benchmarking against national and regional data, and compiling learnings from families' experience, questions, and feedback during the review process. The audit will make recommendations for care and service improvements, which will be used to inform the LMNS' priorities and approaches for reducing deaths.

A framework for yearly reviews of maternal deaths across NCL will also be established. NCL LMNS is working collaboratively with the Regional Maternity Team to review reporting of indirect maternal deaths.

Audit of neonatal admissions to intensive care units
Analysis of admissions to neonatal units in 2020/21 shows that babies born to women and birthing people of Black ethnicity have twice the rate of admission to a neonatal unit than babies born of

White ethnicity, and those of Asian ethnicity have 1.5 times the rate of babies born to White women and people[30]. To better understand the reasons for this and identify opportunities to reduce these gaps, we will undertake an audit of neonatal admissions to intensive care units and develop recommendations that can be taken forward as part of future improvement work.

Workforce development

Outstanding care is only possible with a healthy, thriving and skilled workforce. This is a time of immense pressure across the NHS, we will work to support staff to the best of our ability.

Enhance staff training

Quality staff training is an important pillar of a successful maternity service. The benefits and improvements will impact the quality of service and experience of patients and staff.

As in the wider NHS, the high staff vacancy rate in NCL means there are significant challenges in making sure staff have the capacity to attend training. While mandatory training requirements are being met, additional beneficial training that isn't mandatory is more challenging to embed.

In 2024, the LMNS will focus on:

- Standardising training where possible. For example, harmonising assessment process across the system
- Considering whether there is a recommended approach for cultural competency training that could be shared across the system, and embedded through trust's work to implement the CapitalMidwife Anti-Racism Framework
- Videos to support training that include MNVPs and service users
- Linking staff training with the LMNS' ambition to strengthen shared learning. For example, trusts communicating about one priority area each month to help embed learning.

Improve culture and staff wellbeing

A thriving workforce that is aware of the impact of systemic issues like racism, and competent in supporting patients from a diverse range of backgrounds, will inevitably provide safer care and lead to improved outcomes and experiences for women, birthing people, and their families. It will also improve staff wellbeing, support retention, and help to reduce staffing pressures.

A range of different workforce initiatives are being developed at an NHS national and regional level. In 2024 the LMNS will encourage and identify opportunities to support trusts to embed these products, working in alignment with NCL ICB's Workforce Programme. Products include:

- NHS England's The CapitalMidwife Anti-Racism Framework. The Framework gives trusts a roadmap for developing an anti-racist culture and supports a reduction in health inequalities for all minoritised and marginalised groups. It is being implemented in all trusts across NCL, however the stage and pace of implementation is variable due to the significant workforce pressures all trusts are facing. Incorporated in the Framework is a focus on promoting the Freedom to Speak Up Guardian, and cultural competency training such as NHS England's Cultural Competence & Cultural Safety training modules.
- The CapitalMidwife Fellowship. This annual staff development programme supports band 6 and 7 global majority midwives to move into leadership roles. Participants undertake quality improvement projects. There is an opportunity to encourage these midwives to carry out projects that would benefit the wider system, which would also help to develop their personal profile as an LMNS level.
- The CapitalMidwife Health and Wellbeing Framework. Currently being piloted in other areas of London, the Framework is due to be released after it is evaluated. It provides an outline

[30] NCL Start Well Case for Change: Figure 32: Rate of neonate admissions by mother's ethnicity

for how trusts should be working to support staff wellbeing, including creating time and space to refuel and recharge, prioritising wellness and safety, ensuring inclusive support and belonging, autonomy in their role, supporting growth and recognising achievements.
- The Professional Midwifery Advocate (PMA) service. This is available in all Trusts to support midwives at work, PMAs promotes initiatives to improve culture and wellbeing in the workplace.
- The NHS England Preceptorship Framework for Midwifery. Released in 2023, the Preceptorship Framework builds on the London-wide CapitalMidwife Preceptorship Framework, which has been implemented by all trusts, with a 'gold standard' option for organisations. This includes an extended period of support for newly registered midwives, which is designed to support their wellbeing and improve trust retention rates.

Communication, engagement and co-production

It is essential that experiences of women, birthing people and their families inform the way maternity and neonatal services are managed and developed. Through Start Well engagement we heard a wide range of experiences, now additional work is needed to embed this day-to-day.

Enhancing Maternity and Neonatal Voice Partnerships

Maternity and Neonatal Voices Partnership (MNVP) is well-established in the NHS as the body that ensures the patient voice is heard. In NCL there are four MNVPs, one for each trust.

In 2024, the LMNS is prioritising increased support for MNVPs in line with national guidance released by NHS England in 2023. Strengthening service-user involvement, particularly from people from minoritised and marginalised groups, will support the safety of services, increase the influence of people with lived experience of inequities and ensure the LMNS follows good practice.

Initial discussions with trusts and MNVPs have highlighted a range of potential areas for improvement, including greater collaboration and support at a system level, more standardised ways of working and accessing existing training offers – such as SANDS bereavement training. A workshop will be held in the first half of 2024 to bring together MNVPs, trusts and the ICB to agree an updated approach. This will include ensuring the voices of people using neonatal services, and those from seldom-heard groups, are heard more often.

7. Longer-term priorities for action

Above we identify the immediate priorities that are planned as actions for the LMNS in 2024/25. The following section highlights a far broader range of opportunities that have been identified as potential areas of focus, which we expect to work on in the future. LMNS priorities and potential areas of consideration will be regularly reviewed to ensure the activities most likely to reduce inequalities and benefit minoritised and marginalised communities are taken forward.

Personalised care

Tailored antenatal classes
Trusts will be encouraged to roll out tailored antenatal classes for parents from minoritised and marginalised groups, and the LMNS will consider whether parents receiving care from neighbouring trusts in the LMNS can attend these classes. This follows a successful pilot of classes for Black parents at Royal Free London. Classes were run by a Black midwife and featured tailored content including risk factors, diet and exercise, cultural practices, and recognising wounds and infections on darker skin. They discussed experiences of pregnancy, and the trust has tried to stay connected with them and encourage them to join the MNVP. 100% of attendees said they would recommend the classes to others, referrals from staff and the numbers of participants signing up have increased. Plans are underway for Asian parent education classes.

Improved appointments
Early recommendations from the Stillbirth Audit in Haringey focused on considering greater flexibility in when and where antenatal appointments take place to enable equitable access. While this is expected to be challenging given current workforce pressures, the LMNS recognises the importance of this and will consider it as a longer-term priority.

Improved discharges
Staff within trust have identified post-natal discharges as an area of high priority. There are examples of women and birthing people giving birth at an NCL trust who then do not receive adequate post-natal care after they are discharged. To help address this, the LMNS plans to simplify post-natal transfer guidance and standardise processes across NCL to provide people with easier access to community midwives.

Standardised assessment to support trauma-informed care
The value of developing tools to ensure assessments made during the maternity journey are consistent and meet the needs of women and birthing people were raised by both clinicians and women with lived experience. By co-producing a standardised tool, a contextual assessment can be undertaken which is trauma-informed and is developed in conjunction with the woman or birthing person. These can be used to share information between multidisciplinary teams and agencies.

Support for women and birthing people with social services involvement
This would focus on improving care for women and birthing people with children's social services involvement. Embedding the Born into Care guidelines, including use of the HOPE Boxes for separating women and birthing people, and improving links between safeguarding and perinatal mental health/ parent infant mental health teams and health visitors. This would be developed in partnership with women and birthing people with lived experience of child protection proceedings and infant removals.

Support for women and birthing people in the criminal justice system
A pathway for women and birthing people returning or relocating to NCL from prison (particularly likely to be HMP Bronzefield) and for women and birthing people under probation supervision. This would be developed in partnership with women and birthing people with lived experience and with relevant NHS Health & Justice professionals.

Support for women and birthing people with insecure immigration status
Development of a specific pathway for women and birthing people with insecure immigration status, ensuring they are not deterred from accessing maternity care in NCL, or have care refused or delayed, because of fears of charging; that stigma and judgment are addressed; and that appropriate interpretation services are available.

Support for women and birthing people with complex obstetric histories
Early findings from an audit of stillbirths in Haringey found 30% of women or birthing people who had a stillbirth had previously experienced a pregnancy with complexities or poor outcomes. As a result, the LMNS would like to ensure holistic risk assessments take place at each appointment and implement clearer guidance on care pathways for women and birthing people with previous complex pregnancies or poor outcomes. There is also a need for trusts and primary care to form stronger links to support these women and birthing people during and between pregnancies.

Specific pathways for other groups
Pathway for women and birthing people from a range of other groups have been identified as future potential areas of focus. These include women and birthing people who:

- Have learning disabilities
- Are of a young age

Perinatal health and wellbeing

Reducing inequalities in preterm birth
Black babies have had the highest proportion of preterm births since data collection began in 2007. Work could be carried out in conjunction with community groups to personalise NCL's existing preterm birth service for Black women and birthing people, with the aim of reducing the gap in outcomes. A number of a NHS organisations are working to reduce the gap in pre-term births through the NHS Race and Health Observatory's Learning and Action Network, learnings are due to be shared in 2025, NCL could use these as a basis for future action.

NCL has partnered with UCLPartners and pan-London colleagues to establish use of a peri-prem passport.

Supporting people to breastfeed
An Infant Feeding Strategy was developed in 2021, however further work is required to update and implement this. Initiatives are required to improve breastfeeding rates among women and birthing people living in deprived areas. Work is required to establish community hubs in the areas with greatest maternal and perinatal health needs.

Supporting smoke-free pregnancies
To support the smoke-free pregnancy pathway, midwife champions are in place at all Trusts. They will be further supported by tobacco dependency project advisors. The ICB has in post a senior tobacco programme manager who will link with this work. This will ensure that progress in meeting outcomes such as Saving Babies Lives Care Bundle carbon monoxide monitoring can be reported and discussed. Data sets are being collated by the Trust as part of saving babies lives compliance.

Each trust has a smoking cessation midwife in post and is establishing in-house pathways. Several trusts have begun deliver in-house wrap-around care.

Additional health and wellbeing support
Several other focus areas to improve health and wellbeing support have been identified, including more support for people with obesity, offering social prescribing, and strengthening aspirin in pregnancy.

Shared learning

Carrying out audits in trusts
Audits within trusts help services to benchmark where they sit in relation to good practice and identify opportunities for improvement. The LMNS monitors trust data through a centralised dashboard and asks them to audit if they are identified as outliers, the trusts then present their learnings and themes back to the LMNS.

Several areas where trusts may be encouraged to carry out audits have been identified through the early findings from an audit of stillbirths in Haringey. Further areas will be added in the future as new opportunities are identified. These include:

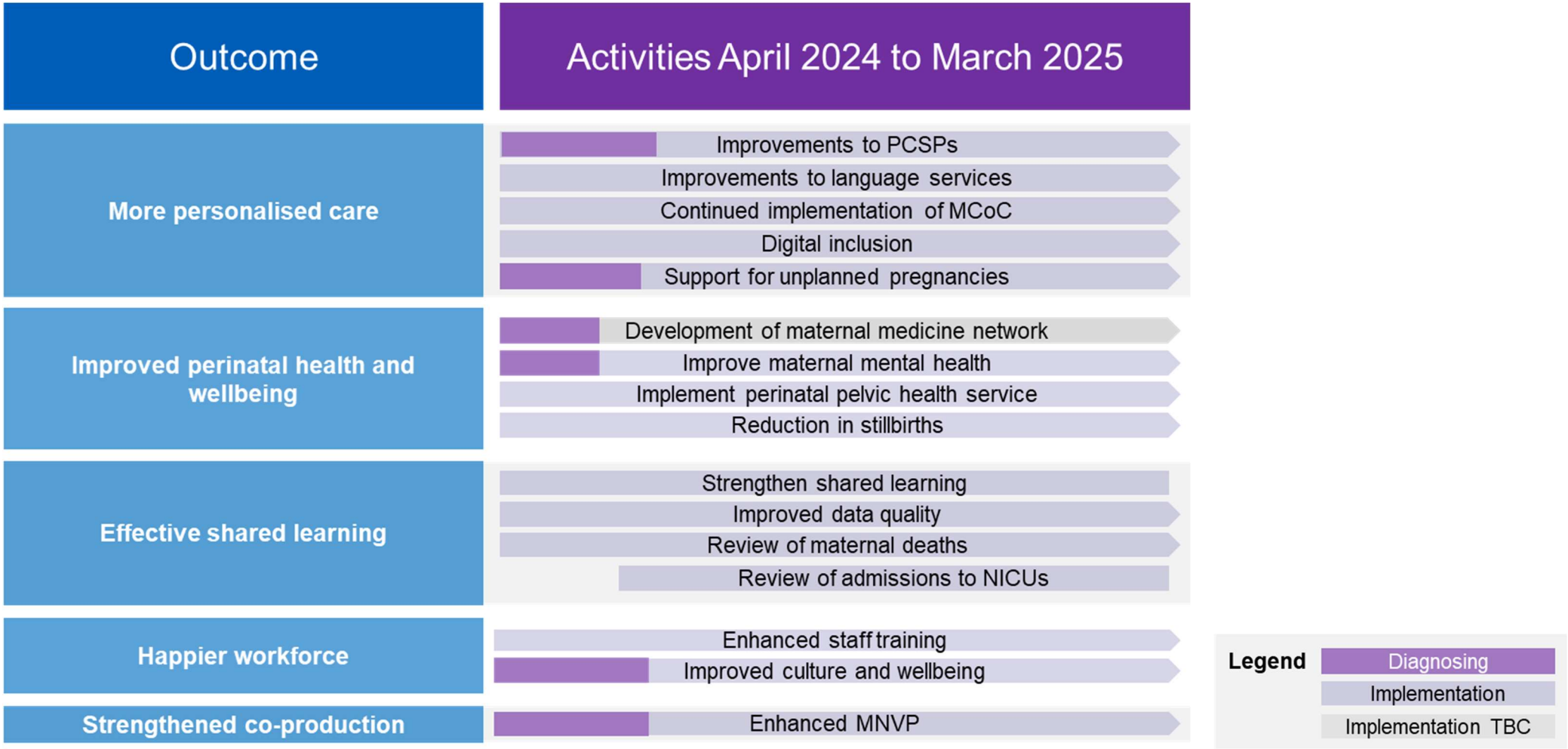
- Auditing local data about bookings after 9+6 and consider their population requirements
- Auditing the use of risk assessments and review of the personalised care plan at every contact
- Auditing appropriate referrals to the tobacco dependency team
- Comparing data for Haringey against the rest of the Trust data for 2021/2022 to see if the Haringey cases highlight any concerning themes that may need further investigation.

Communication, engagement and co-production

Strengthening partnerships across the system
There is a need to improve communication and information sharing in maternity care with GPs, health visitors, social workers, and other professionals. This includes the handover of standardised assessment outcomes to support trauma-informed care, as outlined above. This will link in with the regional quality improvement work to improve the pathways and mechanisms for communication across the wider multidisciplinary team

The LMNS would also like to explore more opportunities to support enhanced referral links through specialist pathways not only to statutory partners, but also to voluntary sector organisations involved in the care of women and birthing people, birthing partners, and their families.

8. Summary of Action Plan



9. Overview of Action Plan

Outcome	Focus area	Actions required	Start date	Progress	Lead	End date	Reporting structure
More personalised care	Personalised care support plans	Identify most effective digital tool to provide PSCPs	April 2024	About to commence	Clinical Lead for Choice and Personalisation	April 2025	LMNS Board
	Language services	Develop and share document to share learnings about language services across the LMNS	September 2024	Not started	Assistant Director of Maternity & Neonates	December 2024	LMNS Board
		Facilitate access to on-demand translation services through existing provider	February 2024	Requested fast-tracked service via procurement team	Assistant Director of Maternity & Neonates	April 2025	
		Pilot CardMedic at North Middlesex and assess potential for roll-out across LMNS	April 2024	Approved, gathering information about pilots from other parts of London	Assistant Director of Maternity & Neonates	April 2025	
		Established named maternity lead for translation services and share regular feedback with provider	March 2024	Action communicated to Heads and Directors of Midwifery	Heads and Directors of Midwifery	July 2025	
		Liaise with London regional maternity team to develop maternity-specific videos for routine information in top 10 languages for all trusts	March 2024	Initial discussions held with London Regional Maternity Team	Assistant Director of Maternity & Neonates	April 2025	

Outcome	Focus area	Actions required	Start date	Progress	Lead	End date	Reporting structure
More personalised care	Continued implementation of Midwifery continuity of carer teams	Monitor provision of MCoC	November 2022	Review of current and future provision monitored: 2	Clinical lead for Midwifery continuity of care		LMNS Board
		MSW social prescribing pilot project	January 2024	Review of model and evaluate impact on maternal and neonatal outcomes	Clinical lead for Midwifery continuity of care	April 2025	
		Support North Middlesex application for possible funding for enhanced models of MCoC	When funding applications are requested by NHS England	Not started	Clinical lead for Midwifery continuity of care	April 2025	
	Digital inclusion	Continued development of non-digital copies of key information	Ongoing	PSCP booklets developed	Clinical Lead for Choice and Personalisation	Ongoing	LMNS Board
		Haringey Health Digital Inclusion Service Pilot	February 2024	Being established	Clinical Lead for Choice and Personalisation	April 2025	
	Support for unplanned pregnancies	Roll out across NCL via digital and data future target operating model	March 2024	Digital and data future target operating model commissioned	NCL Digital Lead Midwife	TBC	LMNS Board
Improved perinatal health and wellbeing	Development of maternal medicine network	Confirm funding allocation to support the model as part of the 2024/25 budget	April 2024	Discussions ongoing	Medicine Midwife Lead Midwife	May 2024	LMNS Board

Outcome	Focus area	Actions required	Start date	Progress	Lead	End date	Reporting structure
Improved perinatal health and wellbeing	Improve maternal mental health	Participate in national Learning Action Network	January 2024	Launched and being scoped	Assistant Director of Maternity & Neonates	June 2025	LMNS Board
		Form stronger links NCL ICB with perinatal mental health services, including adapted governance structure	April 2024	Initial meeting set, governance structure being considered	Assistant Director of Maternity & Neonates	April 2025	
	Implement perinatal pelvic health service	Recruit NCL specialist staff	March 2022	Recruitment completed, team being onboarded	Assistant Director of Maternity & Neonates	April 2024	LMNS Board
		Development of referral pathways and processes and siting of community clinics	April 2024	About to commence	Project Manager for PPHS	April 2025	
		Development of a single point of access for triage of referrals to the service			Project Manager for PPHS		
		Embed regional videos about pelvic health at a service level	September 2024	Not started	Project Manager for PPHS		
	Reduction in stillbirths	Push forward improvements to language services, personalised care plans, maternal medicine, improving data quality, and strengthening shared learning	July 2023	Audit of stillbirth being finalised, recommendations included in Equity and Equality Action Plan	Research Midwife and Assistant Director of Maternity & Neonates	April 2025	LMNS Board
		Consider work to better understand and support people in the ‘Any other White’ ethnic group	September 2024	Not started	Assistant Director of Maternity & Neonates	April 2025	

Outcome	Focus area	Actions required	Start date	Progress	Lead	End date	Reporting structure
Effective shared learning	Strengthen shared learning	Use update to LMNS governance and ToR to focus activity and foster more collaborative working practices	February 2024	Underway, draft structure agreed	Assistant Director of Maternity & Neonates	April 2025	LMNS Board
		Create centralised shared learning platform/mechanism	July 2024	Not started		October 2025	
		Establish regular staff communications across the system	September 2024	Not started			
	Improved data quality	Level up maternity digital maturity	October 2022	Underway	NCL Digital Lead Midwife	Ongoing	LMNS Board and Perinatal Quality Surveillance Forum
		Digital and data baselining and future target operating model	February 2024	Commissioned		August 2025	
	Review of maternal deaths	Build audit recommendations into LMNS priorities	May 2024	Not started	Assistant Director of Maternity & Neonates	September 2024	LMNS Board and Perinatal Quality Surveillance Forum
		Establish a framework for yearly reviews of maternal deaths	May 2024	Not started	Assistant Director of Maternity & Neonates	April 2025	
		Collaborative working with national team on maternal death reporting	Ongoing	Participating in Maternal Mortality Review Oversight Group	Assistant Director of Maternity & Neonates	Ongoing	
	Review of neonatal admissions to intensive care units	Carry out audit and make recommendations to take forward	June 2024	Not started	TBC	April 2025	LMNS Board and Perinatal Quality Surveillance Forum

Outcome	Focus area	Actions required	Start date	Progress	Lead	End date	Reporting structure
Happier workforce	Enhanced staff training	Harmonise assessment processes across NCL	March 2024	Fetal monitoring being considered	NCL Workforce Lead	April 2025	LMNS Board
		Review approach for cultural competency training and share recommendations with the system	April 2024	About to commence		September 2024	
		Develop videos to support training and meet stretch targets of including MNVPs and service users	April 2024	Planning about to commence		April 2025	
		When considering LMNS governance and updated terms of reference, link staff training into the LMNS' ambition to strengthen shared learning	February 2024	Underway, draft governance structure agreed		April 2025	
	Improve culture and staff wellbeing	Establish formal links with NCL ICB workforce programme	February 2025	Governance being reviewed	Assistant Director of Maternity & Neonates	July 2025	LMNS Board
		Identify opportunities to encourage and support trusts to roll out established national and regional products, including CapitalMidwife Anti-Racism Framework, Fellowship and Health and Wellbeing Framework, and national Preceptorship Framework	March 2024	Opportunities to link with CapitalMidwife communicated to trust education leads	NCL Workforce Lead	April 2025	

Outcome	Focus area	Actions required	Start date	Progress	Lead	End date	Reporting structure
Strengthened co-production	Enhance Maternity and Neonatal Voices Partnership	Run workshop with Trusts, LMNS and MNVP co-chairs to agree approach going forward	January 2024	Initial discussions held with individuals, group workshop being planned	Assistant Director of Maternity & Neonates	April 2025	LMNS Board