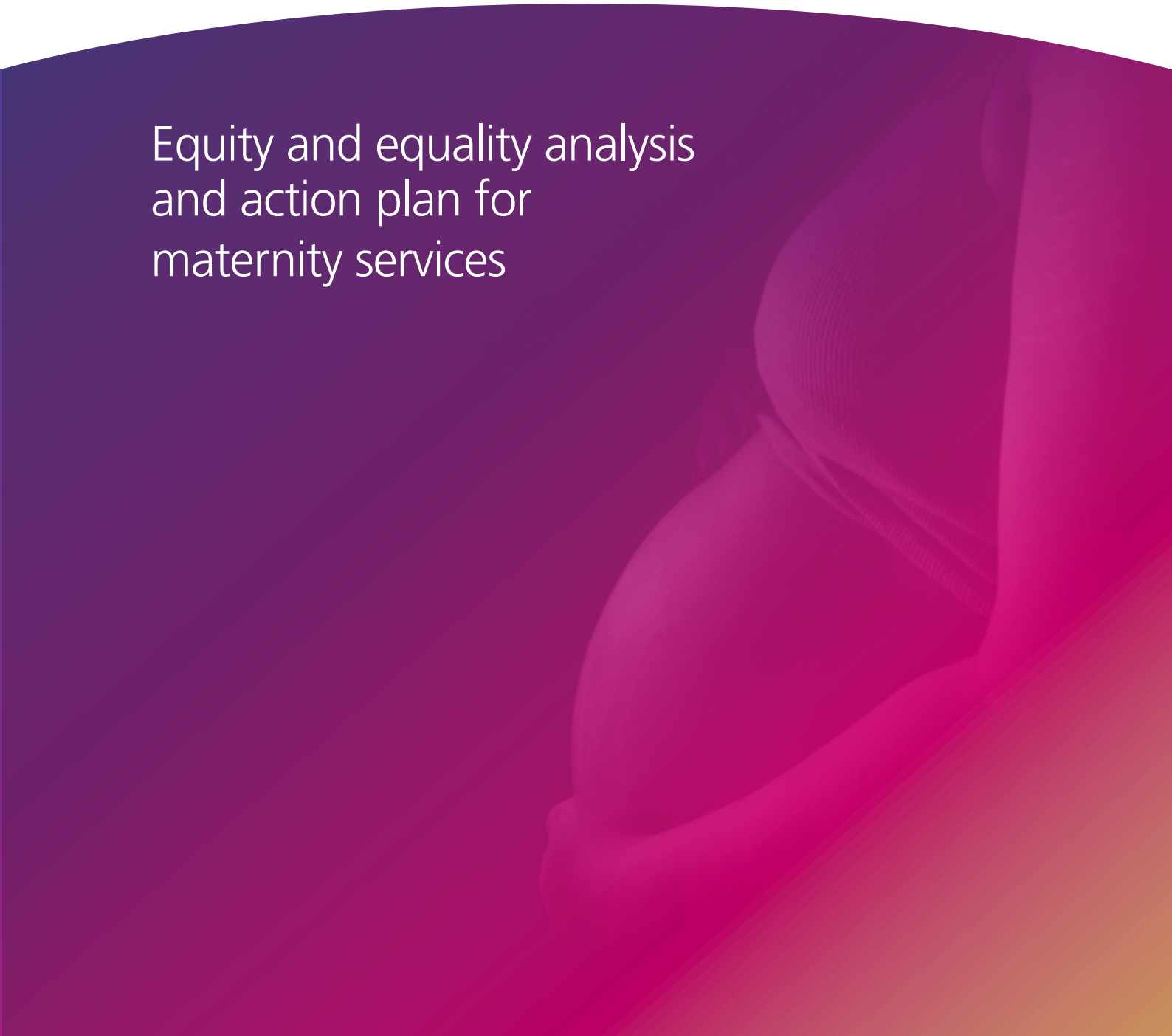
North West London
Integrated Care System

North West London Integrated Care System and Local Maternity System

Equity and equality analysis and action plan for maternity services



Key messages

1 **Equality and equity runs through everything that we do as a Local Maternity System and Integrated Care Board**

2 **NW London Local Maternity System understands our gaps and we are committed to closing them**

3 **System level Engagement and Co-production is the foundation for service redesign that meets the needs of our people (service users, partner organisations and staff)**

4 **This will be an evolving and fluid strategy responsive to change as need emerges**

Please note, within this report when we refer to a woman, women, mother or mum, we are including anyone regardless of gender identity.

Executive Summary

Addressing health inequalities is a core principle of the way we approach maternity service design and delivery across NW London. We know that 80% of what impacts health inequalities happens outside of healthcare settings. All responses and actions require a system wide approach to ensure we improve health outcomes for our communities. Developing this strategy has been an opportunity to bring all stakeholders and networks together to ensure that the system is listening and responding to the inequality agenda. This is about creating real change in how we work with our residents.

This strategy should be viewed as an action plan, subject to iteration and expansion as the needs of our population and staff evolve over time. It aims to lay the foundation for future service development and puts listening, understanding and responding at the heart of maternity care in NW London.

80%
of what impacts on health inequalities happens outside of healthcare settings

Addressing the five priorities, as laid out in the 'Equity and equality guidance for local maternity systems' (NHSE, 2021) www.england.nhs.uk/publication/equity-and-equality-guidance-for-local-maternity-systems/, we have identified gaps in our data collection and service provision. Gaps that NW London LMS is committed to close. We acknowledge that this will be a complex journey and to do it properly will take time.

Priority 1

Priority 1 reflects on how stakeholders in maternity and neonatal services came together to provide a coordinated response to the global Covid-19 pandemic, enabling maternity services to continue throughout. Adaptations to the way we work and deliver care had ramifications that continue to this day. A number of innovations, specifically targeting those at increased risk of the adverse effects of Covid-19 during the pandemic were developed and have been maintained. This includes online appointments such as antenatal online open forums with midwives and doctors to discuss topics of interest or concern, increased social media presence and access to a modified social prescribing intervention..

Priority 2

Actions taken and further plans in development to mitigate against digital exclusion are covered in **Priority 2**. This section includes understanding how our population use and interact with digital tools for health, and how the LMS and ICS ensure that no person is left disadvantaged because of the technology used to deliver care.

Priority 3

Priority 3 is an analysis of where we are at as a system in terms of our compliance of data submission on ethnicity and deprivation to the Maternity Systems Data Set (MSDS). Maternity services across the eight boroughs covered by North West London ICS are at differing levels of digital maturity. With the establishment of the ICS, in July 2022, and acute provider collaborative, in September 2022, we expect to see accelerated progress towards achieving our digital ambitions. A maternity digital strategy, aligned to ICS digital ambitions will be shared in late autumn 2022.

Priority 4a

Addressing wider determinants of health inequality is central to all our strategic work streams, with a desire to drive and implement meaningful change that makes a difference to local women and our workforce. In **Priority 4a**, we look at our population demographic including, ethnic diversity and levels of deprivation. A community asset map commenced in May 2022 and continues to be refined, as we evolve our understanding of how maternity services interact with existing community agencies and networks. This enables holistic care that encompasses interventions to support the wider determinants of health. Workforce inequalities are addressed through analysis of the 8 NHS Workforce Race Equality Standard (WRES) indicators.

Priorities 4b-4e

In **Priorities 4b** to **4e** we address how we mitigate health inequalities for local women with actions on prevention, treatment and education. Over the coming five years, we expect more participation in the design and development of our services by those who use them. We will breakdown organisational, cultural and hierarchical structures to ensure that all barriers to the receipt of high quality, safe maternity and neonatal care for all are removed. For our staff, we describe plans that aim to reduce conscious and unconscious bias in the workplace and grow a culture of mutual respect and inclusion for all. Action plans are in place across the hospital trusts

in NW London to reduce race inequality and create proportional representation of staff at all levels of service.

How we work together as a system will be crucial to achieving maternity equity and equality ambitions for NW London. The foundations for collaborative service design and delivery with all our ICS partners are being laid. Perinatal and Maternity Services are joining the local place-based partnership forums to ensure alignment of priorities across the system.

Priority 5

Priority 5 discusses how the LMS is embedded into the ICB programme and governance structure and how we envisage future partnership working.

A lot of work has already been undertaken to develop this formal strategy and align it with the ambitions of the ICS. We see this as only the start of a much greater vision. The need for greater engagement and co-production with our population and staff has never been more apparent than in the current climate, as we continue to work with employees and citizens to keep them safe through the evolving Covid-19 pandemic. We know that understanding the local population, maternal and perinatal needs is not simply about having the data and stating ambitions, but also about continuous engagement with our people. We will take the time to stop and listen to the people's voice to ensure that it informs all areas of maternity service, design and delivery. The LMS and ICS are committed to further investment in engagement activities in order to ensure that action taken towards reducing inequalities is meaningful to the population.

Work has been undertaken to improve data analysis to help us better understand our population's health needs.

During the period from December 2021 to May 2022, work has been undertaken to improve data analysis to help us better understand our population's health needs. Significant progress has been made, yet there is more to be done. At the end of every section within this report, there is an 'action box' outlining what further actions need to be undertaken. Progress against these actions will be monitored monthly through the NW London maternity cultural safety group.

The production of this report enables the system to realise our baseline position, understand where gaps are present and thus take directive action towards reducing inequalities and inequity in maternity services. The report tells us both what we do and what we don't know. The pandemic years have highlighted the ability of the NHS to rapidly respond to changing need. Acutely aware of the internal pressures within maternity and the wider NHS and externally from changes in our society, the priorities laid out here are subject to change. As we demonstrated during the pandemic, NW London LMS is adaptable and resilient to change. This strategy will act an anchor to ensure that equity and equality is at the heart of what we do, pointing us in the right direction to make systemic changes to maternity service provision that are equitable, inclusive and responsive to the needs of the population we serve.

Contents

continued...

...Contents

Introduction

The national maternity equity and equality guidance published by NHSE in September 2021 set out two aims guided by three values and presents five priorities. www.england.nhs.uk/wp-content/uploads/2021/09/C0734-equity-and-equality-guidance-for-local-maternity-systems.pdf

Aims

To improve:

- equity for mothers and babies from black, Asian and mixed ethnic groups and those living in the most deprived areas.
- race equality for staff.

Values

Proportionate universalism

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

Collaboration

Achieving equity will require unity and co-ordinated effort across many stakeholders, especially to tackle the social determinants of health.

Co-production

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

Five priority areas

Priority 1:
Restore NHS services inclusively.

Priority 2:
Mitigate against digital exclusion.

Priority 3:
Ensure datasets are complete and timely.

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

Priority 5:
Strengthen leadership and accountability.

www.england.nhs.uk/wp-content/uploads/2021/09/C0734-equity-and-equality-guidance-for-local-maternity-systems.pdf

Background to North West London Local Maternity System

North West London's Local Maternity System (NW London LMS) covers a population of over 2.1 million people across eight London boroughs (WSIC, 2021).

The birth rate in NW London has declined (as predicted by ONS data) year on year since 2018/19. In 2021/22 there were 27,341 live births across the six maternity units encompassed within the NW London ICS footprint. Pregnant women can choose where to give birth, subsequently not all births are to families registered with GPs in NW London. However, within our geographical boundaries approximately 25,000 births a year, are to families registered with GPs in NW London. Extending across acute and community provision, our maternity services are accessible for all, with the choice of birth at home, in a midwifery led birth centre or on an obstetric led labour ward available at each of the six maternity units.

Established in January 2017 as a recommendation from the Better Births Five Year Forward View for maternity www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf, the NW London LMS brings together obstetric, midwifery and neonatal leads, commissioners, service users and other stakeholders involved in the provision of maternity and neonatal services. Recognising that neonatal care is intrinsically linked to maternity services, the NW London LMS now includes representation from neonatal services and has evolved into the NW London local maternity and neonatal system (LMNS) in June 2021.

27,341

live births across the six maternity units in 2021/22

NW London LMNS is firmly established within the NW London Integrated Care System. Maternity, recognised as a priority for the ICS has a programme team to enable the LMNS to achieve its ambition to work collaboratively to deliver high quality, safe services that are tailored to the needs of the population we serve. As the ICS evolves we are developing stronger links with our colleagues in acute, primary and community settings and with borough based partners.

NW London Integrated Care System

The NW London Integrated Care System (ICS) covers the eight boroughs of NW London and brings together all health and care organisations working to deliver against the four core national objectives of ICSs which are to:

- Improve outcomes in population health and health care
- Prevent ill health and tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Support broader economic and social development

Our ICS is currently led by an independent Chair, Penny Dash, and Chief Executive, Rob Hurd.

Integrated Care Board

The Integrated Care Board in North West London is called NHS NW London. It is the statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in NW London. Now ICBs are legally established, clinical commissioning groups (CCGs) have been abolished.

We serve a population of over
2.1 million
people who live across the eight boroughs of NW London

We serve a population of over 2.1 million people who live across the eight boroughs of NW London. We plan and allocate NHS resource to deliver a wide range of services including mental health services, urgent and emergency care, elective hospital services, and community care.

NHS NW London takes on the NHS planning functions previously held by clinical commissioning groups (CCGs) and is likely to absorb some planning roles from NHS England in the future.

Borough Based Partnerships

In NW London we have eight borough based partnerships bringing together the NHS, local authority and other local partners in the delivery of local healthcare.

Maternity and neonatal services at NW London acute hospital trusts

There are four acute hospital trusts that provide maternity and neonatal services in NW London, located across the system with six maternity units. The number of births at each unit varies between 3,000 and 5,700 per year. There are two level three neonatal units, three level two and one special care unit. Figure 1 shows the trusts and the number of births and level of neonatal care available at each hospital and figure 2 shows the position of each maternity unit in NW London.

Acute provider trust	Maternity unit	Annual number of live births (2021/22)	Neonatal care provision
Chelsea & Westminster Hospital Foundation Trust (CWHFT)	Chelsea and Westminster Hospital	5,643	Level 3
	West Middlesex Hospital	5,019	Special care baby unit
Imperial College Healthcare NHS Trust (ICHT)	Queen Charlotte's and Chelsea Hospital	5,402	Level 3
	St Mary's Hospital	3,172	Level 2
London North West Hospitals NHS Trust (LNWHT)	Northwick Park Hospital	3,968	Level 2
The Hillingdon Hospitals NHS Foundation Trust (THH)	Hillingdon Hospital	4,137	Level 2
Total live births	**27,341**		

Figure 1. Maternity and Neonatal Services in NW London

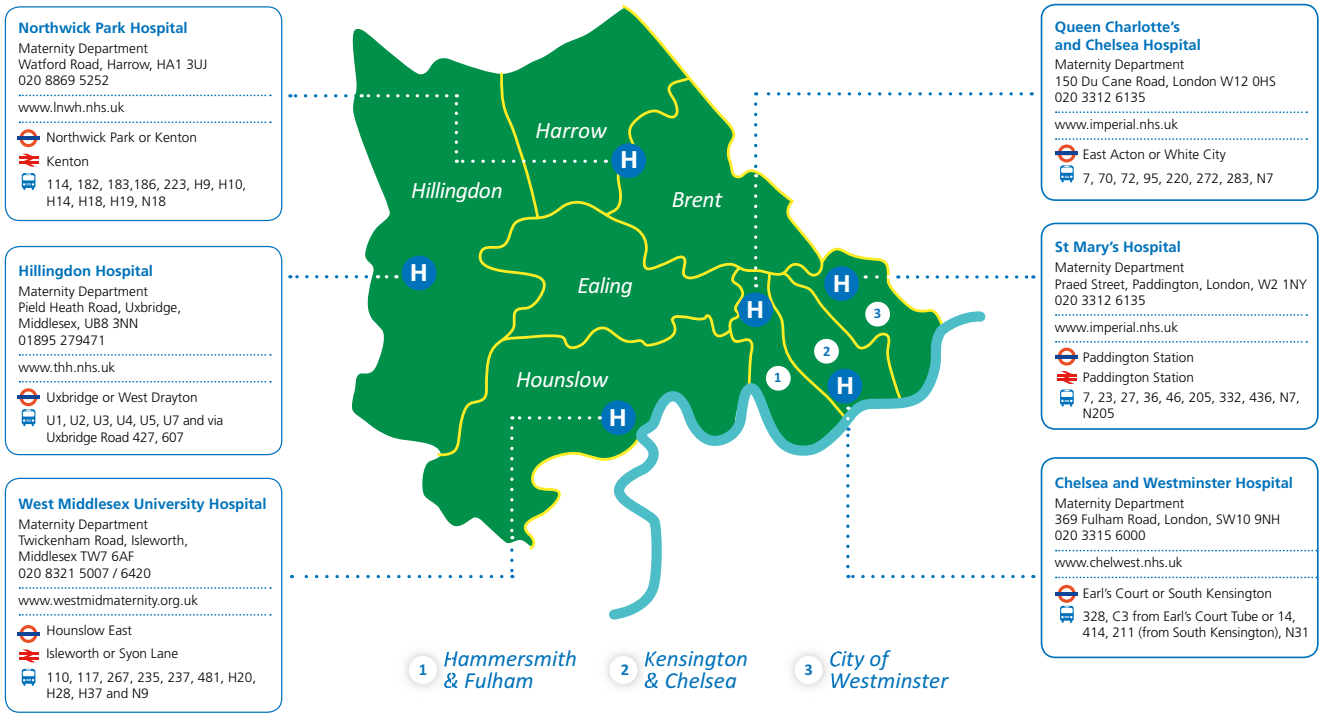


Figure 2: Geographical representation of maternity units across LMS area

Priority 1:
Restore NHS services inclusively

INTERVENTION 1:
Continue to implement the Covid-19 four actions.

Work is ongoing to address Priority 1 to 'Restore NHS service Inclusively', with the ICB working collaboratively in close partnership with providers, colleagues in public services, the voluntary sector, and with communities to increase the scale and pace of the NHS action plan to tackle health inequalities and protect those at greatest risk.

Women from black, Asian and ethnic minority backgrounds have long been known to face additional maternity risks, with maternal mortality rates significantly higher than for white women. The Covid-19 pandemic further highlighted stark health inequalities and urgent action has been taken by NHS England (NHSE) to recommend additional measures to protect expectant mums, including increasing uptake of Vitamin D and undertaking outreach in the neighbourhoods and communities and have a lower threshold for referral, MDT escalation and admission.

The Covid-19 pandemic further highlighted stark health inequalities and urgent action has been taken by NHS England (NHSE) to recommend additional measures to protect expectant mums

The four specific actions have been addressed collaboratively by the LMS, with local variations allowing for local needs and specifications.

1. Increasing support of at-risk pregnant women – e.g., Making sure clinicians have a lower threshold to review, admit and consider multidisciplinary escalation in women from a black, Asian and ethnic minority background.

All trusts are using the NW London antenatal and postnatal Covid-19 screening tool co-produced collaboratively by NW London maternity voices partnership (MVP) and LMS. The tool increases service user awareness of their individualised risks, which can be influenced by social, psychological, or physical co-morbidities. It enables health professionals to ensure that all pregnant women receive individualised risk assessments. The tool also emphasises that those who fall into high categories should be opportunistically advised that they may be at higher risk of Covid-19 complications and should seek help early if they are concerned about their health. The tool outlines specific high-risk categories to ensure that clinicians are aware and escalate appropriately.

Primarily directed at the attention of service users, the tool should be completed by the service user and used to prompt conversation with the healthcare provider at: booking, 28, 36, 40 weeks' gestation, and at every antenatal triage assessment or antenatal admission. Where one or more risks are identified, the woman is given a 'think covid, think co-morbidities' sticker to place on their notes to further alert. The postnatal element of the screening tool is completed prior to discharge from the maternity unit and placed with the discharge notes for the community midwives.

At both London North West University Hospital (LNWUH) and Chelsea and Westminster Hospital Foundation Trust (CWHFT), the screening tool has been embedded within the antenatal notes for discussion during booking and follow-up antenatal appointments. At the Hillingdon Hospital NHS Trust (THH) and Imperial College Healthcare NHS Trust (ICHT), the tools are available for clinicians to add to hand-held notes.

In addition to the screening tool, all providers developed and implemented local Standard Operating Procedures (SOP), that clearly state the escalation process for symptomatic and non-symptomatic pregnant women. The SOP provides staff with guidance for Covid-19 screening and helps the clinician act accordingly. All current guidance clearly states that clinicians should advise women of black and Asian ethnicity that they are at higher risk of complications due to Covid-19 and to seek medical advice early. In addition, it states that clinicians should apply a low threshold for testing, reviewing, multidisciplinary team (MDT) escalation and admitting women from black, Asian or ethnic minority backgrounds who present with suspected or confirmed Covid-19. The SOPs have localised pathways of care and flowcharts to support clinicians in selecting the most appropriate care for those affected by Covid-19 at each stage of their maternity episode (antenatal, intrapartum, and postnatal).

All NW London maternity service providers recommend the Covid-19 vaccination for service users and staff

All NW London maternity service providers recommend the Covid-19 vaccination for service users and staff and have been involved in sector-wide and regional initiatives to increase uptake of vaccination. The Covid-19 recovery and response plans are discussed, developed, reviewed, and amended collaboratively by the LMS board monthly.

2. Reaching out and reassuring pregnant black, Asian and minority ethnic women with tailored communications

During the first wave of the Covid-19 pandemic, the NW London Maternity Transformation Programme (MTP) seized the opportunity to accelerate its support to the birthing community with a range of interventions developed in partnership with the NW London MVPs. The LMS worked closely with all its stakeholders to deliver not only tailored communication but also tailored services to women and families, focusing specifically on those known to be at increased risk of Covid-19 co-morbidities.

Reduced fetal movement videos

In response to service user uncertainty about the availability of maternity services during the height of the pandemic, an initiative started at LNWUHT and further developed by the LMS and MVPs created video messages in 20 languages and British Sign Language to alert women to the need to seek medical attention at any time, day or night, for reduced fetal movements. The videos were co-produced with support from the London Perinatal Board (LPB) and distributed on social media and uploaded to clinical commissioning group (CCG) provider, and primary care websites across the capital.

Healthy pregnancy infographic

Working with service users in NW London, LMS developed an infographic (figure 3) to inform women about how to stay healthy in pregnancy and beyond, including the importance of vitamin supplementation, hand hygiene, social distancing, healthy diet, and exercise. The poster was printed and distributed to children's centres, GP surgeries, maternity units, pharmacies and posted on websites and social media sites throughout the sector.

Figure 3 Example of peer lead tailored communication, designed by service users for service users.

Meet the Midwife virtual events

During the Covid-19 pandemic, to counteract increasing uncertainty, isolation, and reduced contact with healthcare professionals, each of the maternity providers with their MVPs set up virtual online sessions with midwives and obstetricians via a range of social media and video conferencing channels. The events, covering a range of topics, proved popular and reached diverse groups of service users. Many of these virtual forums continue today.

Supportive signposting

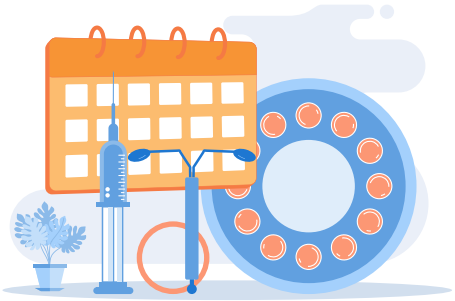
Based on the social prescribing model introduced into primary care in 2019 as a Long Term Plan initiative, the LMS developed a modified version named 'Supportive Signposting' (SSP). This was launched to counteract reduced contact with midwives during the pandemic. SSP is designed to support people with a wide range of social, emotional, or practical needs. It can help to strengthen personal resilience and reduce health inequalities by addressing the wider determinants of health, such as debt, poor housing, and physical inactivity, by increasing people's active involvement with their local communities. It particularly works for people with long-term conditions (including support for mental health), for people who are lonely or isolated, or have complex social needs which affect their wellbeing.

One year after inception, whilst still in the mists of the pandemic, an evaluation of the SSP service, demonstrated there was a substantial uptake from black, Asian, and ethnic minorities. Further details regarding this service are discussed in priority 4a, intervention 2.

NW London Post-Birth Contraceptive Service

The NW London Post-Birth Contraceptive Service www.nwlondonics.nhs.uk/news/news/postnatal-contraception-NW-London launched in early 2019, is a collaboration between sexual health services, local authorities, commissioners, and maternity service providers. Long-Acting Reversible Contraceptives (LARCs), such as intrauterine devices/systems (IUD/IUS) and subdermal implants (SDI), are the most effective methods and can be inserted immediately after childbirth. Practical training to insert the devices occurred in all the trusts, with a good uptake from all clinicians. In response to women experiencing increased difficulty in accessing the full range of contraceptives during the pandemic, implementation of the service was expedited to ensure that women were offered their contraceptive of choice prior to leaving the hospital after giving birth.

The NW London Post-Birth Contraceptive Service launched in early 2019, is a collaboration between sexual health services, local authorities, commissioners, and maternity service providers.



Managed quarantine services and Afghan evacuee response

In August and September 2021, NW London was at the epicentre of the managed quarantine service (MQS) hotels and response to receiving evacuees from Afghanistan. Out of a total of 73 MQS hotels in England, 24 were based in NW London. It quickly became apparent that many families detained in quarantine required maternity care, both acute and advisory. The MTP coordinated a response that provided tailored communication for new arrivals. Information packs detailing how and when to access services were distributed to all hotels. Community midwives, accompanied by interpreting services were mobilised to attend where required, with transfers into maternity units arranged for service users requiring acute care. Many families arrived in England without essentials. The response package included the distribution of nappies, clothes, and new-born equipment (prams, sterilising kits, slings etc) to those in need.

The provision of tailored and individualised communication continues to be a priority in NW London. All our maternity and neonatal services have increased their use of interpreting services and are exploring innovative models of improved communication. Regular online Q&A sessions with midwives continue and Maternity Voice Partners (MVPs) are working hard to reach out to those known to be at increased risk of adverse outcomes.

Our experience during the pandemic demonstrated that NW London LMS has the capabilities and resilience to rapidly mobilise to changing needs. Information and guidance regarding Covid-19 continues to be updated on websites, social media and via the Mum and Baby app, which is being translated into alternative languages. We remain prepared for further mobilisation should it be required.

Our experience during the pandemic demonstrated that NW London LMS has the capabilities and resilience to rapidly mobilise to changing needs

3. Ensuring discussions about vitamins, supplements and nutrition in pregnancy are taking place with all women. Women with low vitamin D may be more vulnerable to coronavirus so women with darker skin or those who always cover their skin when outside may be at a particular risk of vitamin D insufficiency and should consider taking a daily supplement of vitamin D all year.

People of black, Asian and minority ethnic backgrounds with melanin-pigmented skin and those who cover their skin whilst outside are at an increased risk of developing vitamin D deficiency. The current UK NHS advice www.nhs.uk/pregnancy/keeping-well/vitamins-supplements-and-nutrition/ recommends vitamin D supplementation to all pregnant women from black, Asian and minority ethnic backgrounds.

NW London clinicians, midwives, GPs, and obstetricians routinely discuss the importance of vitamin D supplementation. All guidelines alert professionals to the need for those who are pregnant and breast-feeding and from black, Asian, and minority ethnic backgrounds to take a higher dose of vitamin D supplement. Clinicians will offer testing to those who present as symptomatic of vitamin D deficiency at any stage of pregnancy. The LMS have released communication on vitamin D prophylaxis to reiterate the importance of maintaining an adequate vitamin D level during pregnancy and breastfeeding via the 'NW

London Covid-19 Screening tool' and healthy pregnancy infographic. In addition, midwives encourage women to sign up for the Healthy Start scheme www.healthystart.nhs.uk/ that supplies vitamins for free.

NW London sector-wide guidelines for Vitamin D testing and supplementation advise testing for vitamin D deficiency only if symptomatic. However, London North West University Hospital Trust (LNWUHT) has introduced routine vitamin D testing at booking for all service users, enabling those who have low vitamin D to receive a higher dose prescription before becoming symptomatic and severely deficient. THH, ICHT, and CWHFT aspire to introduce similar policies and are working with the NW London ICB medicine management team to develop revised sector-wide guidelines to this effect should the audit from LNWUHT be favourable to the change in policy.

4. Ensuring all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (post code), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes.

Recent Maternity System Data Set (MSDS) submissions from all NW London maternity service providers demonstrate Clinical Negligence Scheme for Trusts (CNST) compliance regarding deprivation, co-morbidities, BMI, age, ethnicity or complex risk factors. Maternity services in NW London are developing a digital strategy that will address further improvements required to improve data capture, accuracy and our use of data intelligence.

Action

Priority 1 : Restore NHS services inclusively	
Intervention 1: continue to implement the Covid-19 four actions.	Fully embed the Covid-19 screening tool both the antenatal and postnatal elements at all units
	Audit Covid-19 screening tool for effectiveness
	Evaluate impact of tailored communications – healthy pregnancy poster, reduced fetal movement videos
	Evaluate impact of routine vitamin D testing for all pregnant women at LNWUHT
	In collaboration with Primary Care and Medicine Management develop standardised NW London agreement for testing and treatment of vitamin D deficiency in pregnancy
	Work with providers to improved capture of ethnicity and derivation status and reporting on maternity IT systems

Priority 2:
Mitigate against digital exclusion

INTERVENTION 1:
Ensure personalised care and support plans (PCSPs) are available in a range of languages and formats

NW London LMS is committed to offering its population the flexibility of digital and face to face consultations. Our aim is to ensure that evidenced based, meaningful discussions with a clinician in either digital or personal interactions is available for those using our services and that a risk assessment, at each consultation occurs and an outcome documented.

Service users are provided with information in both paper and digital format via a range of sources and in a range of languages. Translation services are available and widely used in all maternity units and community midwifery settings. Evaluation of all our services is important to assure quality of provision and is central to exclusivity and personalised care for families.

The need for personalised care in maternity services is a core recommendation in the Better Births report

Our aim is to ensure that evidenced based, meaningful discussions with a clinician in either digital or personal interactions is available for those using our services

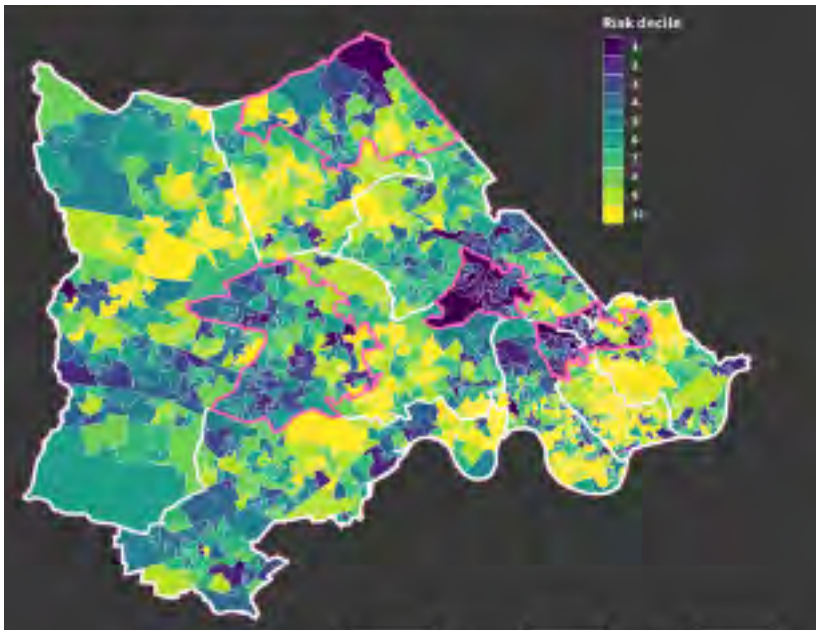


Figure 4: Areas of high prevalence of digital exclusion by pink boundaries

NW London collaborated with the national Citizen Online charity www.citizensonline.org.uk/ to conduct research into geographical prevalence of digitally excluded people in NW London. The research estimated that the areas of highest digital exclusion are to be found within;

- southern parts of Brent
- northern parts of Westminster and Kensington & Chelsea
- Stanmore Park in Harrow
- western parts of Ealing.

These areas are highlighted with pink boundaries in figure 4.

Additional work is ongoing in each borough to address digital exclusion and digital poverty that has been brought into the spotlight by the Covid-19 pandemic.

The data in the table below highlights pregnant women living in the lowest decile of the index of multiple deprivation (figure 5). It is apparent that the majority of maternity service users in the NW London localities fall into the 3rd to 6th deprivation decile. This correlates to income from £6,569 to £19,706 (figure 6).

Count of pregnancies by index of multiple deprivation decile North West London 2020 to 2021

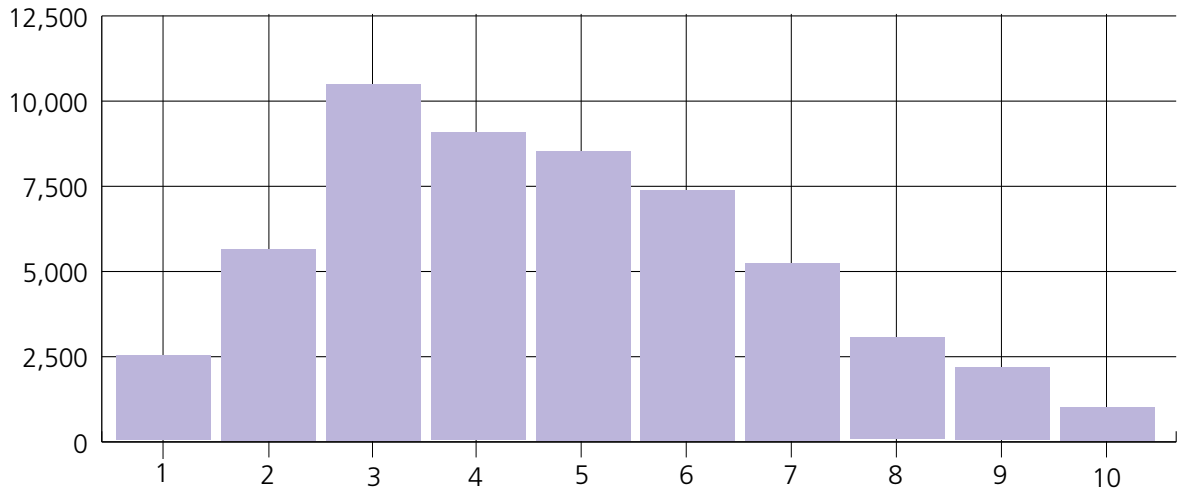


Figure 5

Majority of maternity service users ranked by correlation to income in NW London

Maternity services - Decile correlation by income (highlights show where majority of NW London maternity service users are).

Decile	Decile description	Ranks
1	10% most deprived	1 to 3,284
2	10% to 20%	3,285 to 6,568
3	20% to 30%	6,569 to 9,853
4	30% to 40%	9,854 to13,137
5	40% to 50%	13,138 to 16,422
6	50% to 60%	16,423 to 19,706
7	60% to 70%	19,707 to 22,990
8	70% to 80%	22,991 to 26,275
9	80% to 90%	26,276 to 29,559
10	10% least deprived	29,560 to 32,844

Figure 6 Source: English Indices of Deprivation 2019 (IoD 2019)
www.gov.uk/government/statistics/english-indices-of-deprivation-2019

The data in table below (figure 7) shows internet usage per household in each NW London local authority over the course of the last four years from 2017-2020. The next table (figure 8) shows the percentage of households who never used internet. The final table (figure 9) shows ethnicity of users with Bangladeshi households having the least amount of usage followed by White, then Pakistani.

Percentage of individuals who have used the internet in the last 3 months prior to data collection.

	2017	2018	2019	2020
Westminster	91.5	93.9	85.9	90.7
Kensington & Chelsea and Hammersmith & Fulham	95.6	95.8	97.1	94.1
Brent	85.6	93.4	90.2	96.7
Ealing	93.8	93.7	94.7	95.2
Harrow and Hillingdon	91.6	88.4	92.9	91.2
Hounslow and Richmond upon Thames	93.9	95.6	92.8	92.9

Figure 7. Source. (ONS April 21)

Percentage of individuals who have used the internet over three months ago/never used prior to data collection.

	2017	2018	2019	2020
Westminster	8.5	5.4	14.1	9.3
Kensington & Chelsea and Hammersmith & Fulham	4.4	4.2	2.9	5.9
Brent	14.4	6.6	9.8	2.6
Ealing	5.8	6.3	5.3	4.8
Harrow and Hillingdon	8.4	11.6	6.9	7.9
Hounslow and Richmond upon Thames	5.4	4.4	7.2	7.1

Figure 8

Percentage of individuals by ethnicity who use the internet.
Persons aged 16 years and over %

	Used in the last 3 months			Used over 3 months ago/never used		
	Lower limit	Survey estimate	Upper limit	Lower limit	Survey estimate	Upper limit
White	91.3	91.6	91.9	8.0	8.3	8.6
Mixed/multiple ethnic background	98.2	99.2	-	-	0.7	1.6
Indian	94.9	96.3	97.8	1.9	3.3	4.7
Pakistani	89.2	91.7	94.3	5.6	8.1	10.7
Bangladeshi	83.1	87.8	92.6	7.0	11.7	16.4
Chinese	95.1	97.6	-	-	2.4	4.9
Other Asian background	94.9	96.8	98.7	1.2	3.0	4.8
Black/African/ Caribbean/Black British	93.9	95.4	96.9	3.1	4.6	6.1
Other ethnic group	96.2	97.6	99.1	0.9	2.4	3.8

Source. (ONS April 21) figure 9

The next step is to identify maternity service users within our boroughs and provide them with necessary support to facilitate the best use of digital tools and systems. Initially, we are prioritising the availability of Personalised Care Support Plans (PCSPs) in a range of languages and formats, including multiple language hard copy for those experiencing digital or language exclusion.

The award winning Mum and baby (M&B) www://mumandbaby.uk/ mobile application, created by NW London LMS, is being translated into the top five languages across our sector (Arabic, Romanian, Hindi, Somali and Guajarati). In addition the Mum & Baby website launched in September 2022 enabling wider access for those without hand-held digital devices, including increased accessibility for staff in clinical settings. Content on the website can be translated into any language using web based translation tools.

NW London Maternity units and the LMS digital team secured a budget via the Unified Tech funding with a view to upgrading the maternity digital infrastructure across the sector

Parts of the mobile app and website can be downloaded and printed for those who prefer or require hard copies. The app is Web Content Accessibility Guidelines (WCAG) compliant, which requires digital communications be designed in a format that accommodates accessibility needs for those with cognitive limitations and disabilities including partial sight loss, photosensitivity, hearing loss and learning disabilities.

To facilitate ease of access and improved patient experience, we are developing a pilot interface between M&B app and Patient Know Best (PKB)/Care Information Exchange (CIE). The CIE platform facilitates personal access of medical records and is available to the NW London population. It will be used as the 'front door' to all mobile applications used and suggested across the NW London ICS. All applicants will have the ability to log into these applications via their PKB login and the PCSPs for pregnant women will be available for the multidisciplinary team to review. This pilot will be implemented towards the end of 2022.

The need for high quality translation services is key to improving communication and ensures information is safely understood during decision making and risk assessment. A planned three month pilot to use a digital translation service tool will start in the next quarter in combination with expanding existing translating services. This is described in section 4 intervention 2.

In early 2022, NW London Maternity units and the LMS digital team secured a budget via the Unified Tech funding with a view to upgrading the maternity digital infrastructure across the sector. This included maternity information systems and digital tools such as remote diabetic monitoring. This will facilitate wider accessibility and improve data quality. The newly appointed digital transformation lead will address each priority with an equality and equity lens.

In conjunction with Brent Council and neighbourhood services, NW London ICB performed a pilot during the Covid-19 outbreak where they distributed mobile devices and provided advice for any problems with internet connectivity. The focus was to support people participating in substance misuse programmes. The pilot was well received and found to have positive effects. All of the participants engaged actively and took part in their treatment plans. Therefore, part of future actions will be for the LMS to collaborate with Local Authorities to investigate potential participation of maternity services in similar schemes.

Additionally, the four NW London trusts have in place an action plan to implement Maternity Continuity of Care (MCoC) targeting those in the areas of highest deprivation, from black, Asian and minority ethnic groups and those at greater risk of poor outcomes in pregnancy and birth. An enhanced model of care will be available to these groups. The teams delivering MCoC will bridge communication gaps with these communities and provide the personalised care that they need.

Data shows the majority of the NW London population are digitally literate, with more than 90% having access to and use of the internet. Internet connectivity and provision is good across the boroughs. However, pockets within the population have been identified as being at risk of being digitally excluded and therefore action will be taken to remedy this with future interventions.

NW London ICB identified 3 priorities areas and defined objectives to ensure digital inclusion (figure 10).

Priority Areas	Objectives
Digital exclusion mapping exercise	Identify a target population of people that remains digitally excluded in our local communities. This analysis will inform our digital clinical pathways. Undertake analysis of those that a) have not been reached through the various programmes and b) those that do not want to or cannot engage • For maternity: identify the maternity service users, support MCoC teams to understand the needs
Digital online Directory	Share digital Inclusion resources for front-line staff to signpost residents to digital solutions in their local areas
Digital champion model	Develop and implement a digital champion model – replicate model use in Brent who has a target to recruit 500 digital champions. Develop a Digital Training pack to increase motivation and skills development based on needs assessment

Figure 10

The Maternity Digital Programme Delivery manager will lead on the digital agenda and be part of the ICB Digital Inclusion steering group. Key priorities for the group include aims to sustain solutions already implemented and find new innovations to limit and mitigate digital exclusion.

Actions

Priority 2 : Mitigate against digital exclusion	
Intervention 1: Ensure personalised care and support plans (PCSPs) are available in a range of languages and formats	Identify maternity service users facing potential digital exclusion areas and provide the necessary support to facilitate best use of digital tools and systems.
	Share digital inclusion resources for front-line staff to signpost residents to digital solutions in their local areas
	Develop and implement a digital champion model

Priority 3: Ensure datasets are complete and timely

NHS Resolution is in year four of the Clinical Negligence Scheme for trusts (CNST). Known as The Maternity Incentive Scheme (MIS), CNST is designed to support the delivery of safer maternity care by incentivising providers to implement safety actions. Compliance results in a discounted clinical negligence insurance premium for the acute provider Trust and system.

All NW London maternity services are members of the CNST and working towards full compliance. To achieve compliance the trusts need to demonstrate that they are achieving 10 safety actions. Safety action 2 asks providers to demonstrate that they are submitting data to the National Maternity Services Data Set (MSDS) to the required standard, complete and timely. To provide evidence of compliance NHS Digital produce quarterly scorecards which are reviewed by the NW London LMS digital sub-group. Intervention 1 relates to analysis of NW London LMS latest (August 2022) scorecard results.

Trusts need to demonstrate that they are achieving 10 safety actions

INTERVENTION 1: **on maternity information systems continuously improve the data quality of ethnic coding and the mother's postcode.**

As part of CNST Safety Action 2 trusts are required to meet 7 criteria. The table (figure 11) below shows the standards required including the timing for when the data should be captured.

Score	Standard	Where to cleanse
1	Digital Strategy in place by October 2022	In progress
2	CQIMs – Trust Boards assure themselves that at least 9 out of the 11 Clinical Quality Improvement Metrics have passed in the MSDS file	Antenatal (smoking data) and Delivery data
3	BMI – July submission contained 90% height and weight data	All records reaching 16 weeks in July
4	CSF – July submission contained 95% Complex Social Factor	Booking Data
5	PCSP – July submission contained 95% antenatal personalised care plans completed of women booked in the month.	Booking Data
6	Ethnicity – July submission contained 90% valid ethnic category for women booked in Month. 'Not stated', 'missing' and 'not known' are not valid records	Booking Data
7	MCoC • 5% of antenatal care plans in place (recorded at 29/40) • 5% have a care professional ID and Team ID have been provided • 70% of CoC records have a valid Care Professional Local Identifier recorded	All those who reach 29 weeks in the reporting month

Figure 11

Scorecard analysis, standard for criteria 7 ,Clinical Quality Improvement Metrics (CQIMs) based on trusts monthly submissions via their Maternity Information systems (figure 12).

Criteria 1	**Criteria 2**	**Criteria 3**	**Criteria 4**	**Criteria 5**	**Criteria 6**	**Criteria 7** **Midwifery Continuity of Carer** (MCoC)			**Criteria 7**	**Results**
Digital Strategy		**BMI**	**Complex social factor**	**PCSP**	**Ethnicity**	COC_DQ04 **Antenatal care plan**			MCoC (Midwifery Continuity of Carer)	
	CQIMs Achieved					COC_DQ05 **Named lead midwife and team ID** COC_CareProfLID **Valid Care Professional Local Identifier**			**This is the combined results of** COC_DQ04, COC_DQ05 and COC_ CareProfLID	
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	COC_ DQ04 Yes/No	COC_ DQ05 Yes/No	COC_ CareProfLID Yes/No	Yes/No	**Achieved Out of 6**
Criteria 2 CQIMs - Trust Boards to assure themselves that at least 9 out of 11 Clinical Quality Improvement Metrics (CQIMs) have passed for July 2022 data										
CQIM Apgar	CQIM Breastfeeding	CQIM PPH	CQIM Preterm	CQIM Robson01	CQIM Robson02	CQIM Robson05	CQIM Smoking Booking	CQIM Smoking Delivery	CQIM Tears	CQIM VBAC
(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)

Figure 12

The table below shows the scorecards for 2021-2022, figure 13.

Organisation Name	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022
London North West University Healthcare NHS Trust (LNWUHT)	4	4	4	4	4	4	5	6
The Hillingdon Hospitals NHS Foundation Trust (THH)	2	2	2	2	3	3	3	3
Chelsea and Westminster Hospital NHS Foundation Trust (CWHFT)	5	5	5	1	4	4	5	4
Imperial College Healthcare NHS Trust (ICHT)	2	2	4	3	4	4	4	4

Figure 13

LNWUHT has been gradually improving their data quality and submissions scoring 6 out of 6 for May 2022. THH is in the process of upgrading their local maternity IT system, technicalities in this process has contributed to consistently low scores. CWHFT is in transition and are in the process of changing their maternity system. They are aware of their issues and they will be tackled with the new system. ICHT has been scoring 3 & 4 due to broken communication between the IT systems. Their maternity IT system supplier is aware and has been working to resolve the issue by the end of October 2022. Specifically the areas that scored low for in May are shown (figure 14).

Table 2. Clinical quality improvement metrics NW London trusts are scoring low

The Hillingdon Hospitals NHS Foundation Trust	**Criteria 2** CQIMs Achieved	**Criteria 3** BMI - July 2022 data contained height and weight data, or a calculated Body Mass Index (BMI), recorded by 15+0 weeks gestation for 90% of women reaching 15+0 weeks gestation in the month	**Criteria 5** PCSP - July 2022 data contained antenatal personalised care plan fields completed for 95% of women booked in the month. (MSD101/2)
Chelsea and Westminster Hospital NHS Foundation Trust	**Criteria 2** CQIMs Achieved	**Criteria 7** MCoC (Midwifery Continuity of Carer) This is the combined results of COC_ DQ04, COC_DQ05 and COC_CareProfLID	
Imperial College Healthcare NHS Trust	**Criteria 2** CQIMs Achieved	**Criteria 7** This is the combined results of COC_ DQ04, COC_DQ05 and COC_CareProfLID	

Figure 14

NWL LMS has a monthly Digital and Data meeting to monitor MSDS Trusts' submissions and review action plan progress. Our priority is to improve maternity IT systems to ensure high quality data capture and analysis for the national MSDS and local reporting requirements. How this will be achieved will be described in the maternity digital strategy that is currently being developed and due for submission in October 2022.

Actions

Priority 3: Ensure datasets are complete and timely	
Intervention 1: on maternity information systems continuously improve the data quality of ethnic coding and the mother's postcode	Develop and Submit NWL Maternity Digital Strategy
	Enhance MSDS submission and the accuracy of the data by implementing a new process prior the final submission.
	Upgrade maternity IT systems
	Regular data quality checks via LMS digital meeting
	To capture data on MCoC teams, deprivation and ethnicity. Monitor quality and progress with monthly dashboard check and MSDS submissions

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

Priority 4a: Understand your population and coproduce interventions

INTERVENTION 1:

Understand the local population's maternal and perinatal health needs (including the social determinants of health).

Methodology

Using data from Whole System Integrated Care (WSIC) data set, we know that of a total population of 2.1 million, there are currently 869,426 females of childbearing age registered with GPs in NW London and an estimated 24000 to 28000 pregnant people in NW London in any given period. WSIC only provides real time data, not retrospective data: data was downloaded on NW London residents who are currently pregnant or of childbearing age between May to September 2022.

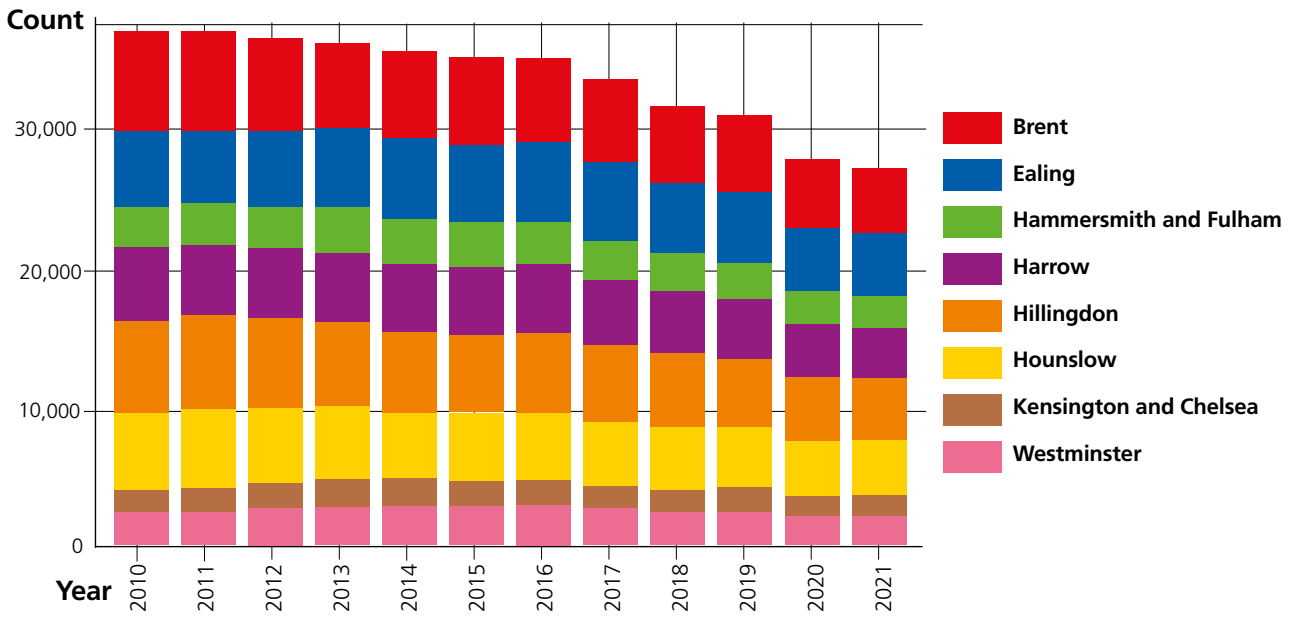
To better understand change over time, an analysis of pregnancy and birth data over a ten-year time frame was commissioned by the Applied Research Collaboration (ARC) NW London www.arc-nwl.nihr.ac.uk/home to establish trends in pregnancy and birth across the NW London sector. With the capabilities available from WSIC combined with data provided by ARC, a health needs analysis was undertaken. At the time this analysis was undertaken, in May 2022, WSIC recorded 24,597 pregnant people in NW London. This does not account for people using maternity services in NW London who are not registered with GPs in NW London. Where data has come from alternative sources, this has clearly been stated.

Pregnancies & birth rate

Since 2010, there has been a progressive decrease in pregnancy rates in NW London. Peak pregnancies in NW London were 37,424 in 2010, but this figure dropped to 27,409 by 2021.

Outer boroughs in NW London make up the largest proportion of pregnancies and live births, a trend that remains the same across the past decade. In 2021, the outer boroughs of Hillingdon, Harrow, Brent, Ealing, and Hounslow made up 78.6% of the total pregnancies and 81.8% of live births, whereas inner boroughs Westminster, Hammersmith and Fulham, Kensington and Chelsea make up 21.4% of the total pregnancies and 18.2% of live births in NW London (figure 17 and 18).

Figure 17 **Count of pregnancies annually North West London 2010 to 2021**

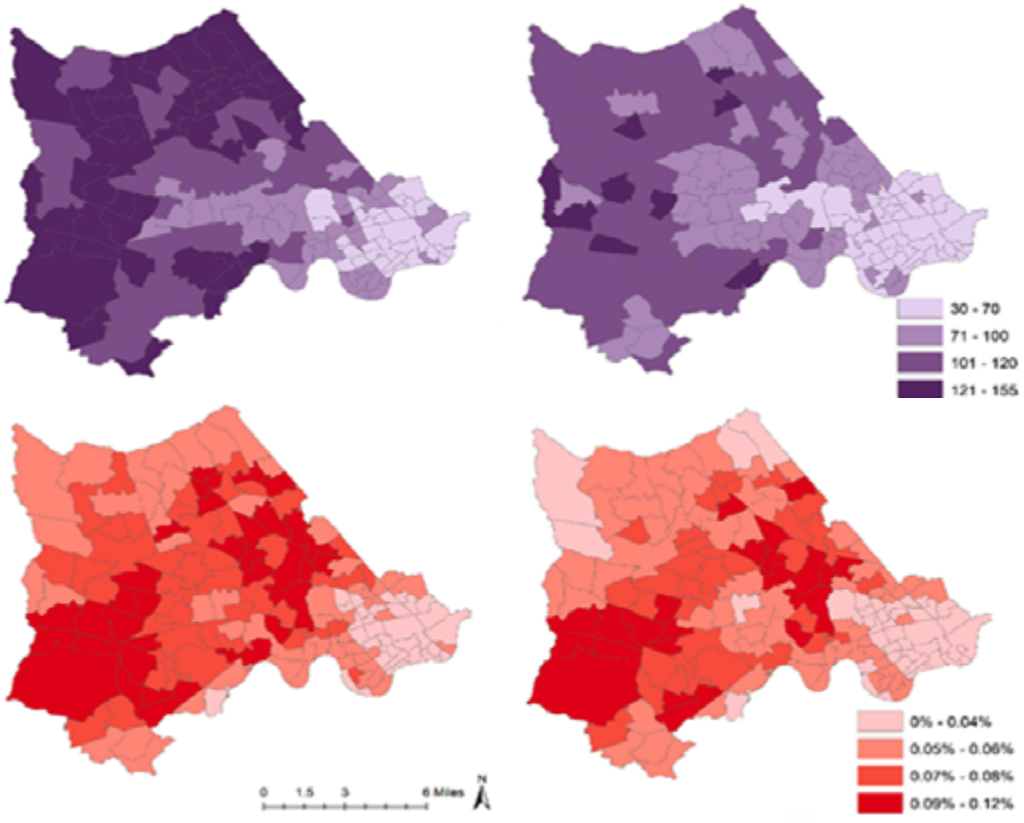


The downward trend in pregnancy and birth is not unexpected. The heat maps show where pregnancy and birth rates are concentrated (figure 18). Maternity and children services need to map and address the changing pregnancy and birth rates of the population it serves to ensure that there is adequate provision of services.

Figure 18

Rate of pregnancies per 1,000 population by ward of residence

Proportion of total NWL pregnancies by ward of residence



Ethnicity & diversity

The population of NW London is ethnically diverse. The map below shows population numbers in each borough with percentage of black, Asian and minority ethnic (figure 19).

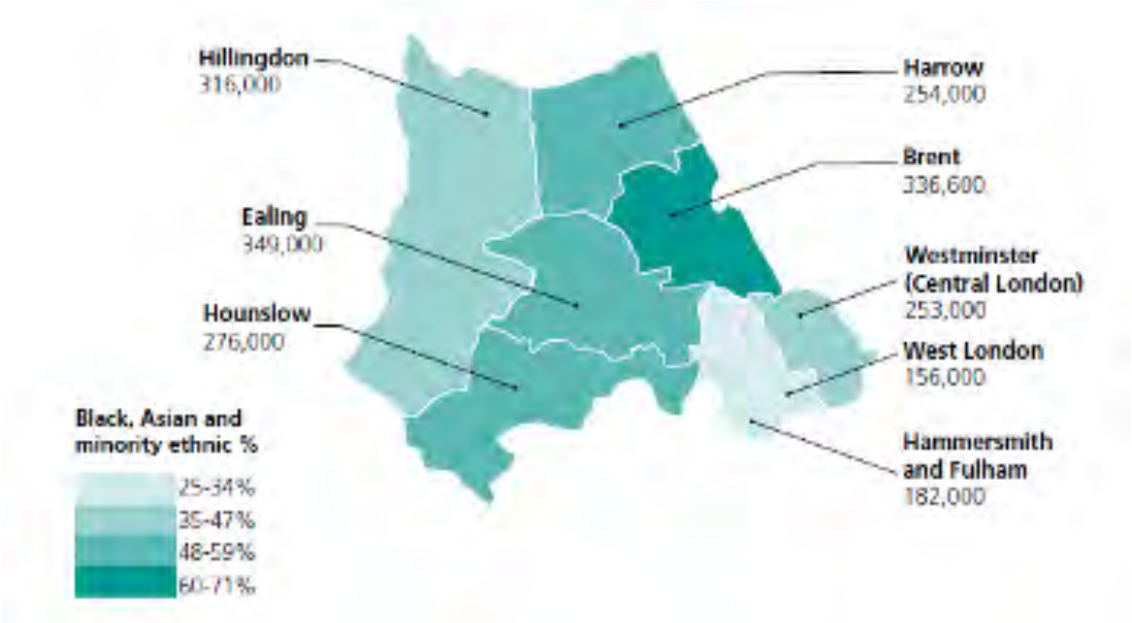
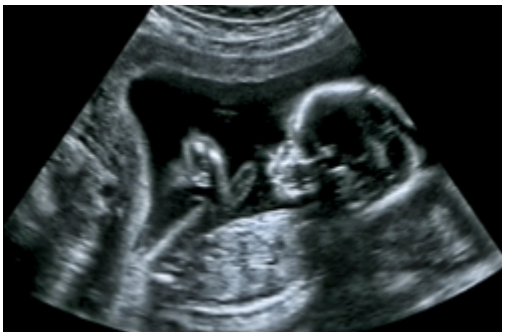


Figure 19 Source: North West London Health and Care Partnership

At present, the largest single cohort of pregnancies in NW London is to women of white ethnicity, accounting for 42.9% of total pregnancies. The second-largest cohort is made up of women of Asian and Asian British ethnicity, with 32.7%.



In total, minority ethnic pregnant women accounted for 56.3% of all pregnancies in the sector. The borough of Brent has the highest proportion of ethnic minorities. NW London is more ethnically diverse than the UK in general, with 22% recorded as Asian or Asian British, 9% as mixed ethnicity, 6% as black or black British, 26% white, 36% unknown, and 1% other (Bottle et al, 2020 bmcmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-020-1082-7). The UK population is 87% white, 4% Asian or Asian British and 3% black or black.

Apart from Hillingdon, Harrow, and Hounslow, the single largest cohort of pregnancies in NW London in 2018-19 and 2020-21 was to pregnant people of white ethnicity as the graphs below show (figure 21). Pregnant people from white ethnic categories had 63.4% of pregnancies in Hammersmith and Fulham, 60% in Kensington and Chelsea, 53.4% in Westminster, 39.4% in Ealing, and 36.1% in Brent. In Harrow, Hounslow, and Hillingdon, Asian or Asian British pregnant people make up the largest group at 42.7%, 42.4%, and 41.2%, respectively.

North West London 2020 to 2021

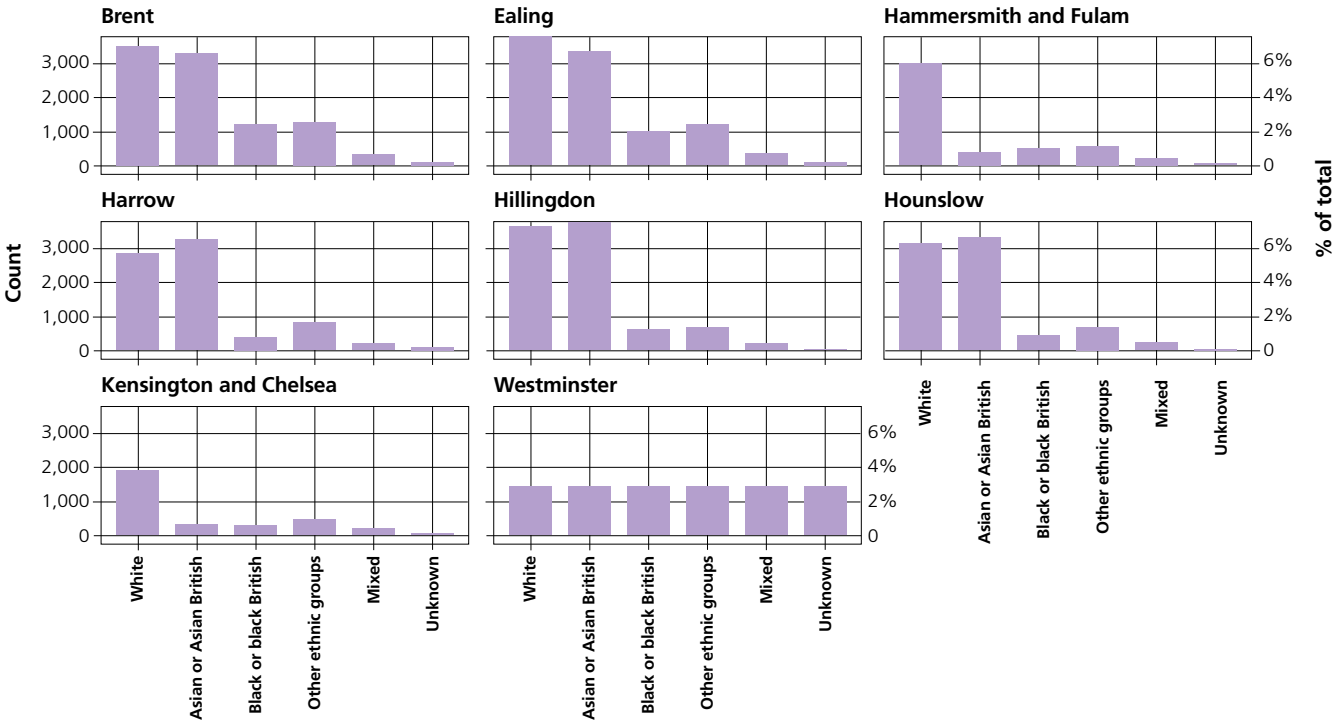
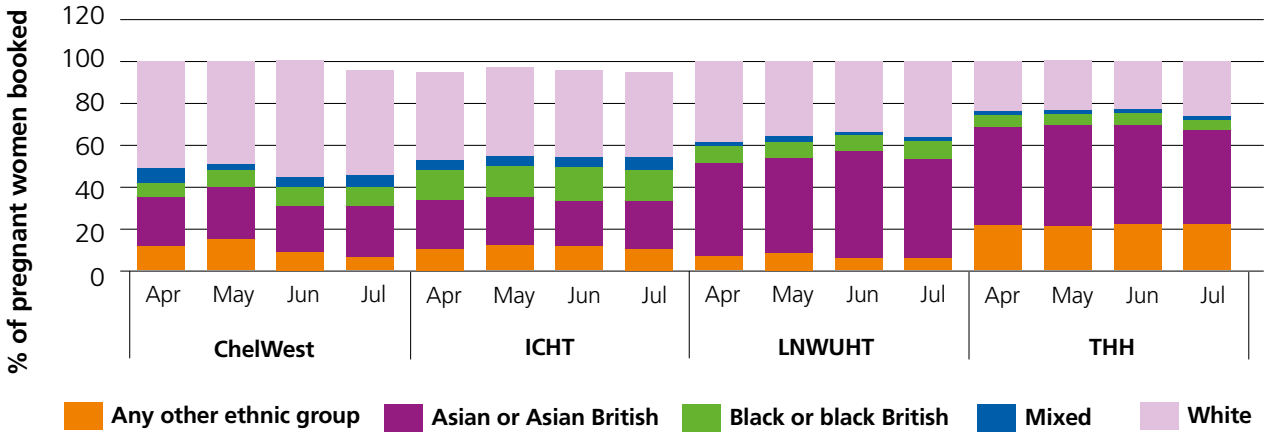


Figure 20

The ICS acknowledges that the diversity apparent across NW London is further enhanced in the outer boroughs. Therefore, the outer boroughs are likely to require additional resourcing to manage the associated complexities.

The chart below (figure 21) shows that CWHFT and ICHT book a larger proportion of pregnant white people whilst LNWUHT and THH book a larger proportion of Asian or Asian British. ICHT books the largest proportion of black pregnant people.

Figure 21: Ethnic breakdown of pregnant people booked at NW London Trust April-July 2021



Source: NHS England's Maternity Systems Data Set

Deprivation

The majority of pregnancies in NW London are in the more deprived 50% of the population (figure 22) within each local authority, whereas the least deprived IMD groups 9 and 10 consistently have the fewest maternity cases across all boroughs in 2020-2021. This has not changed since we last collected the information in 2018-2019. The highest numbers of live births in NW London are from pregnant people in IMD group 3.

There has been a drop in the numbers of births in decile 3 from 2018-2019 but an increase in decile 2 over the same period possibly suggesting that more pregnancies are potentially impacted by the social and health determinants that correlate with deprivation

Count of pregnancies by index of multiple deprivation decile North West London 2020 to 2021

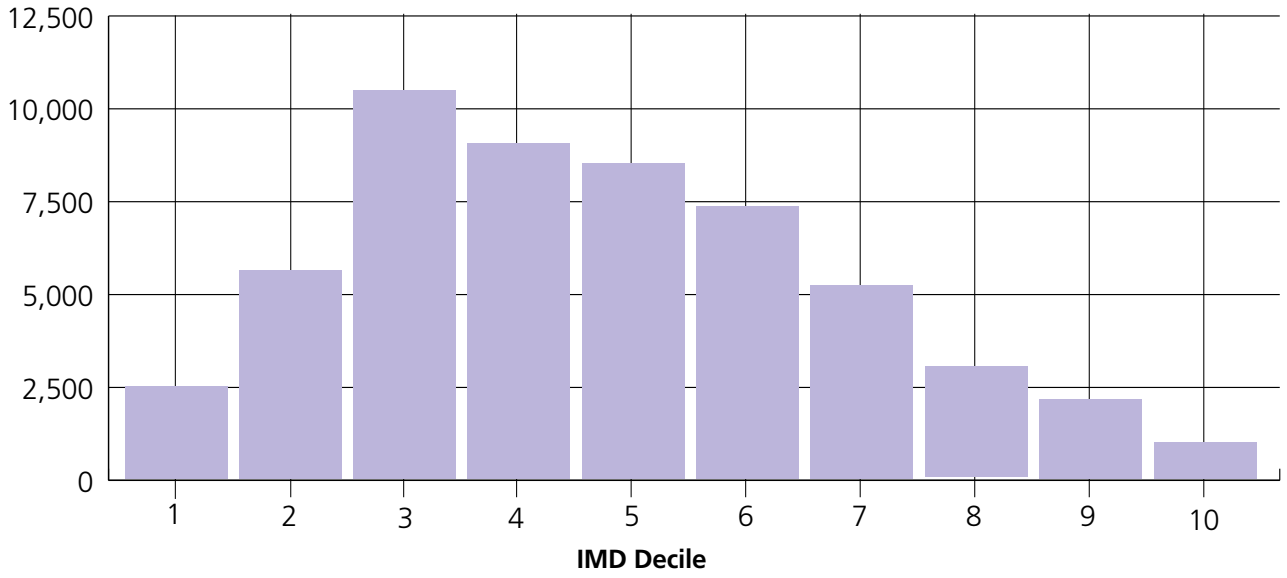


Figure 22

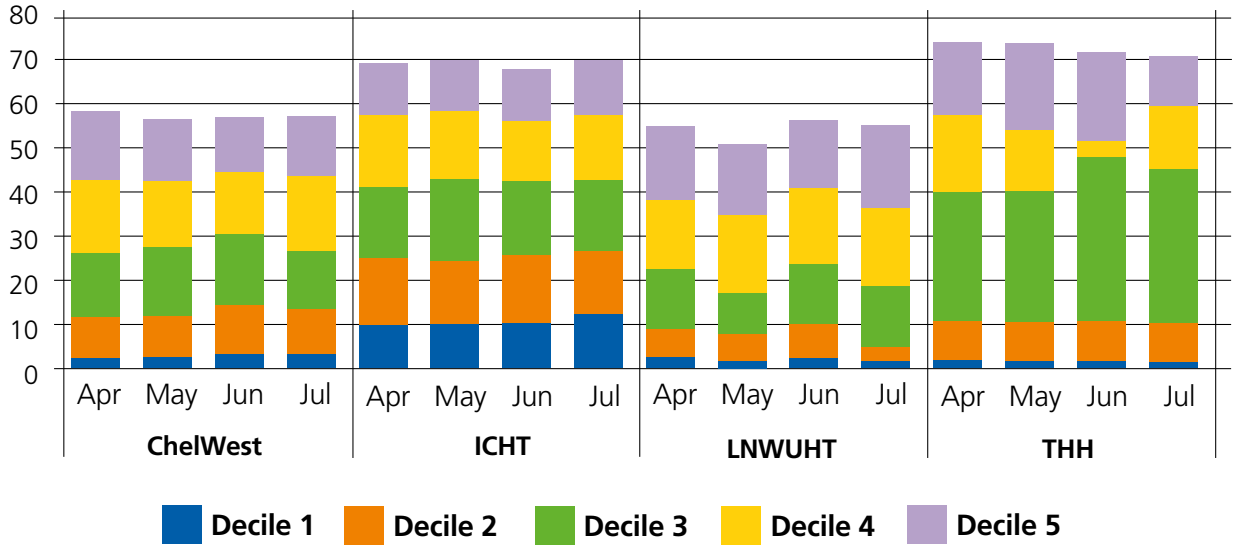
The high rates of live births and pregnancies by high deprivation decile have been a consistent trend over the last decade in NW London. In 2021, the fewest pregnancies belonged to pregnant people from the IMD 5 quintile (least deprived) (figure 33), at 5.7% of all pregnancies, compared with 35.5% and 28.6% of pregnancies to pregnant people from IMD quintiles 2 and 3.

Deprivation and booking hospital

An analysis of the national Maternity Services Data Set (MSDS) data was under-taken to identify the deprivation levels of pregnant people by their chosen provider of maternity services (figure 23).

A greater number of pregnant women from the first and second most impoverished deciles were more likely to be scheduled for care at ICHT, one of the largest maternity service providers in NW London with two maternity facilities (MSDS data).

Percentage of pregnant people at booking in the first 5 deciles of deprivation in NW London Trusts



Source: NHS England's Maternity Systems Data Set
Figure 23 - Percentage of pregnant people at booking in the first 5 deciles of deprivation in NW London Trusts

The Hillingdon Hospital booked the highest percentage of pregnant people in the 3rd decile of deprivation.

The data shows that most pregnant people booked across NW London maternity sites fell between the 3rd and 6th deprivation decile. The data also shows that most pregnant people using maternity services in NW London are aged between 25 and 39. Therefore, this map shows the population between the ages of 25 and 39 in NW London also falls into the 3rd to 6th deprivation decile.

The map below of NW London highlights the pregnant people of any gestation and the areas marked in red where they live below the 2nd decile of IMD (figure 24).

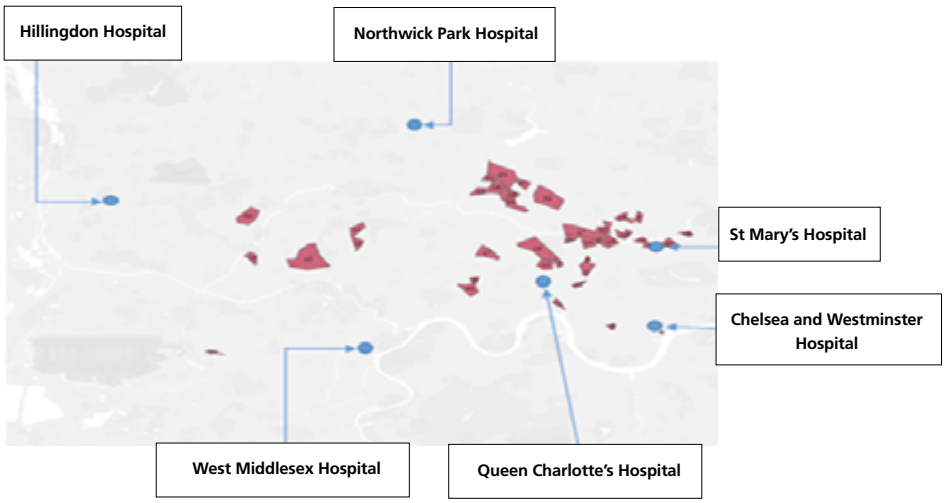


Figure 24 Map of pregnant people (of any gestation) within NW London living in areas of highest deprivation relate to the maternity units. Source: WSIC.

It is noted that a significant number of the NW London population of pregnant people and those of childbearing age are living below the 2nd decile of deprivation (15%).

According to current primary care data, there are approximately 24,597 pregnant people of any gestation registered with a GP within NW London. Of these, 949 pregnant women (4%) live in the most deprived deciles (Score 1- highest level of deprivation) and 8,021 (33%) live in the top three most deprived deciles (Scores 1, 2 or 3) (figure 25).

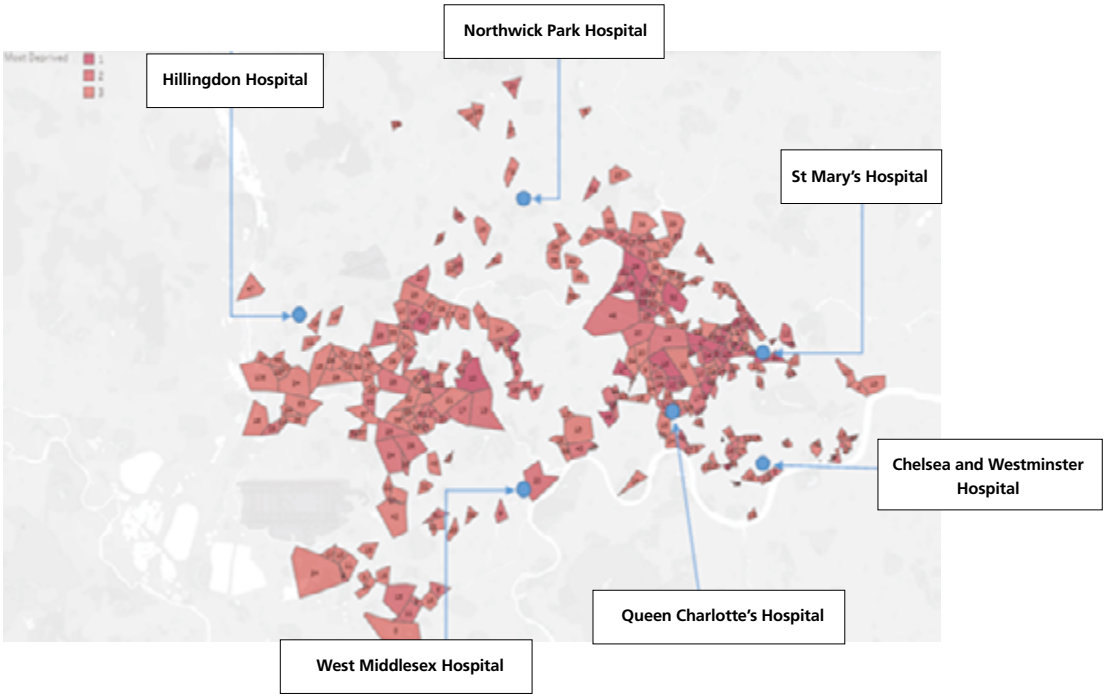


Figure 25: Population of pregnant people (of any gestation) within NW London living in areas of 3 highest deprivation deciles (Score 1, 2, 3). Source: WISIC.

Maternal age

Maternal age, at the lowest and highest end of the childbearing spectrum, is known to correlate with an increased risk of adverse outcomes. With an intention to plan services appropriately, it is important to understand the age demographics of our population and identify trends or areas of high incidence.

There has been a gradual increase in the average maternal age across NW London since 2010, from 29 years in 2010 to 30 in 2021 (figure 26). Figure 27 shows the breakdown of increase in maternal age by each borough. The borough with the highest maternal age has consistently been Kensington and Chelsea, which has increased from 31.4 in 2010 to 32.9 in 2021. The greatest increase has been in Hillingdon, from 28.6 years in 2010 to 30.4 years in 2021.

In 2021, the average maternal age was highest in Kensington and Chelsea at 32.9 years, followed by Westminster at 32.1 years and Hammersmith and Fulham at 31.9 years.

Mean maternal age at start of pregnancy by local authority NW London 2010-21

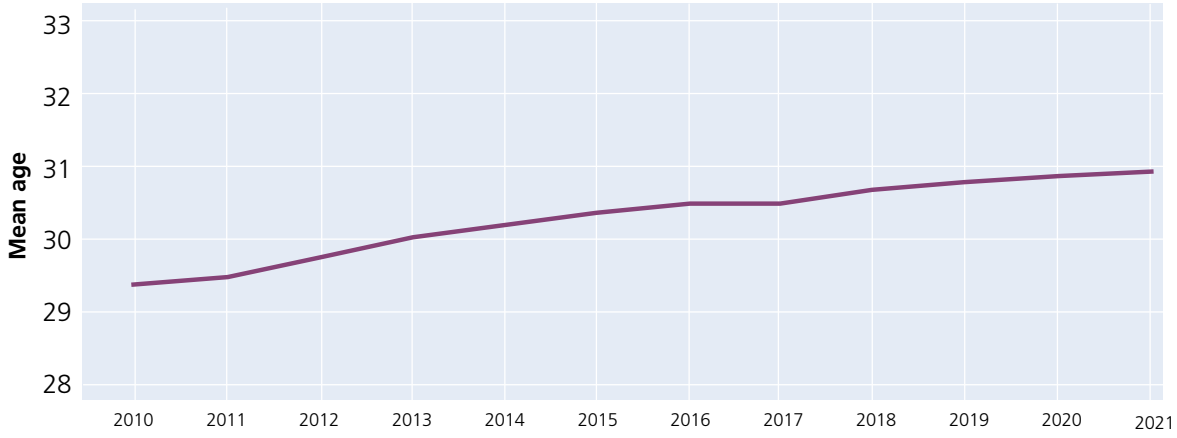


Figure 26

Mean maternal age at start of pregnancy by local authority NW London 2010-21

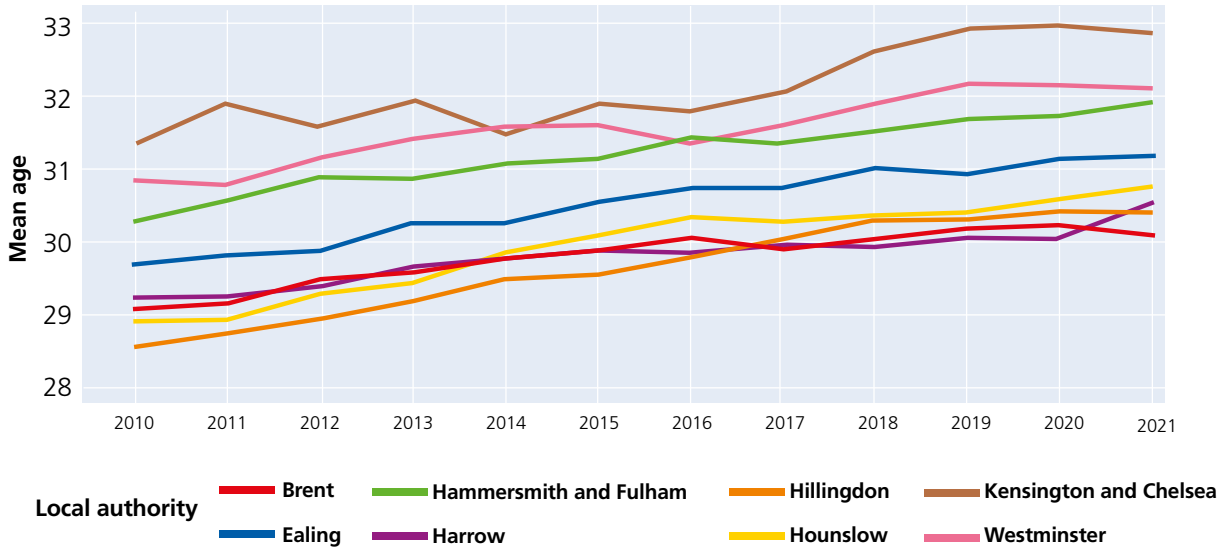


Figure 27

Age of birthing people using maternity services

While overall the average age of maternity service users in NW London is between 30 and 34, LNWUHT and THH booked and cared for more pregnant people from the second largest age group, those aged between 25-29. At both CWHFT and ICHT, pregnant people aged 35–39 years made up the largest age cohort. For the providers, further exploration of the implications of this data is needed.

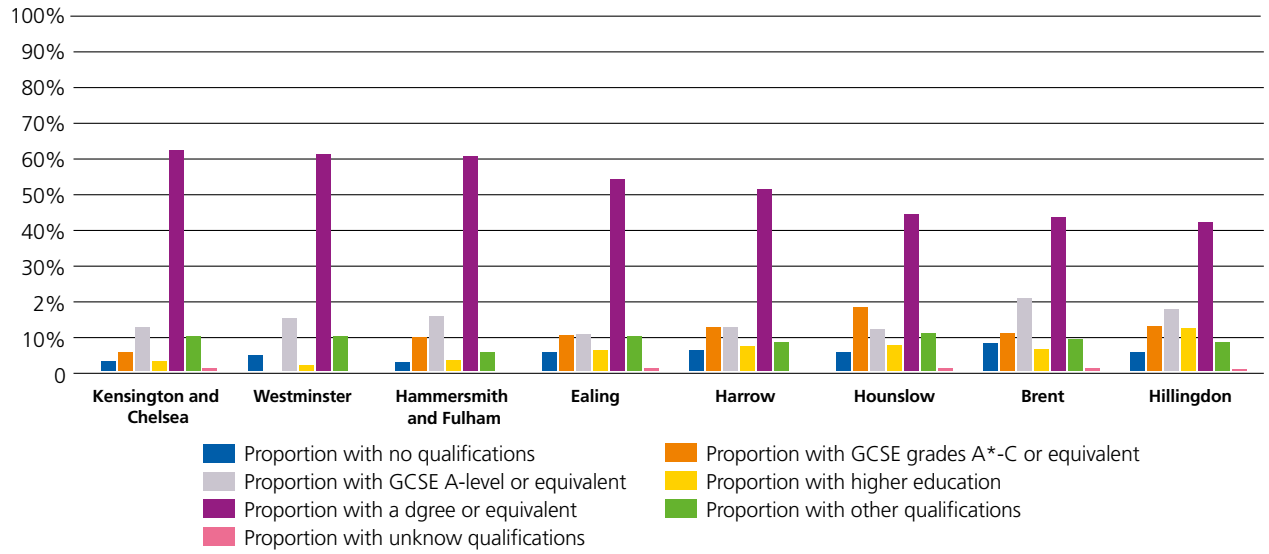
Teenage pregnancy

Teenage pregnancy has been on the decline across England, and the trend is mirrored across NW London. There has been a significant decrease in the absolute number and percentage of teenage pregnancies across NW London since 2010, with rates falling by 67% during the past decade. Across NW London, under-18 pregnancies had fallen to 0.7% of all pregnancies in 2021 vs. 2% in 2010.

Educational level of pregnant people and birthing people of childbearing age

Figure 28 below shows that 62.7% of people of working age (16 to 64) in the Royal Borough of Kensington and Chelsea (RBKC) have a degree level qualification or equivalent, compared to only 41.7% of people in Hillingdon (data from Trust London). The estimated population in Hillingdon is the 3rd largest in NW London with RBKC estimated to have the smallest population size.

Chart depict education levels of the population in NW London in 2020



Source: Trust London website

Figure 28: Breakdown of education level of the population by borough

The percentage of people with no qualifications is highest in Brent, then Ealing, followed by Hillingdon and Harrow. Ealing, Brent, and Hillingdon are the most populous boroughs in the sector.

Employment status of women of childbearing age who are pregnant or giving birth

The WSIC data platform that was used to inform the population health overview does not currently hold data on the employment or education status of the population. It does however, allow a view of the pregnant population that resides in each decile of deprivation. As deprivation correlates closely to employment and education status, it can be extrapolated that the majority of pregnant people in NW London would live in middle-to low-income households.

ICHT and CWHFT serve the populations of RBKC, Westminster, and Hammersmith and Fulham, which are also the boroughs with the highest proportion of the population with a higher education degree or equivalent qualification.

Given this and the age range of the majority of the pregnant people using maternity services at ICHT and CWHFT, the data suggests that childbearing in white pregnant people is generally delayed by employment or career compared to Asian or Asian British pregnant people.

Asian or British Asian pregnant people make up a good proportion of service users across all maternity services and this is highest at LNWUHT. It is important to account for the cultural ethos of the different ethnic groups in the different boroughs.

Health needs of the pregnant and childbearing population in NW London

Of the 24,342 pregnancies registered with GPs in the NW London region in 2021, many have medical co-morbidities: the most common being asthma, 4.3%, diabetes 1.3% and hypertension, 1.2%. Less common but significant include congenital heart disease, 0.05%, congenital kidney disease, 0.06% and neurological diseases (includes epilepsy and muscular sclerosis) at 0.1%.

In addition, there are approximately 215,585 people of childbearing age recorded as living with a chronic or long-term condition. This equates to 25% of women of childbearing age in NW London having at least one but potentially multiple medical disorders.

Overview of obesity in childbearing and pregnant women

Obesity is most prevalent in the age groups who are most likely to use our maternity services, those between the age of 25 to 44 and therefore, the ICS could enhance the offer of preventative interventions for this cohort of people. Brent and Hillingdon have the highest proportion of obese pregnant women within the 34-44 year age range.

Figure 29: **Obesity in women of childbearing age by ethnicity**

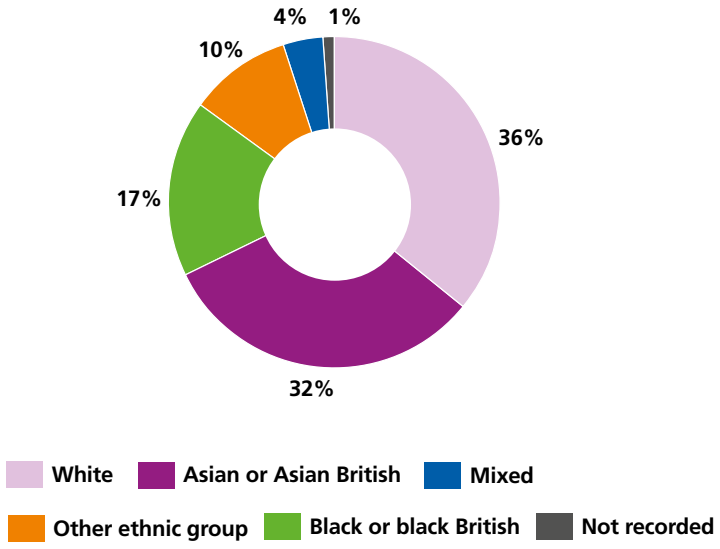
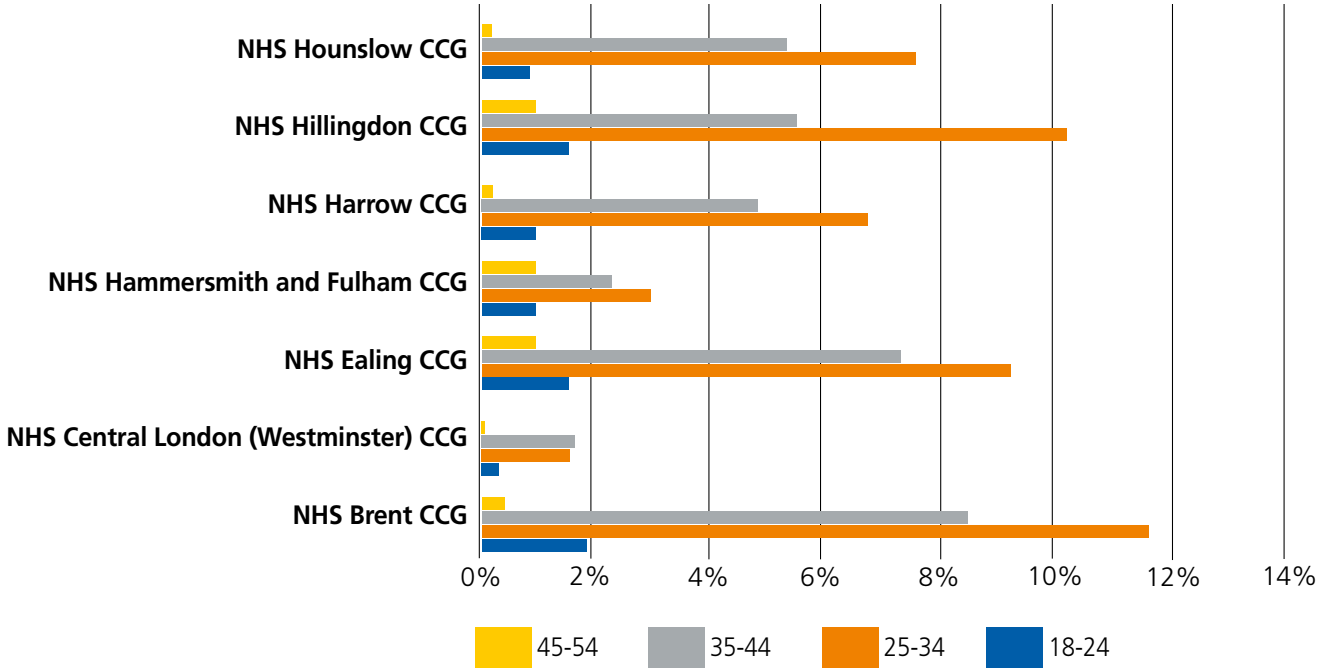
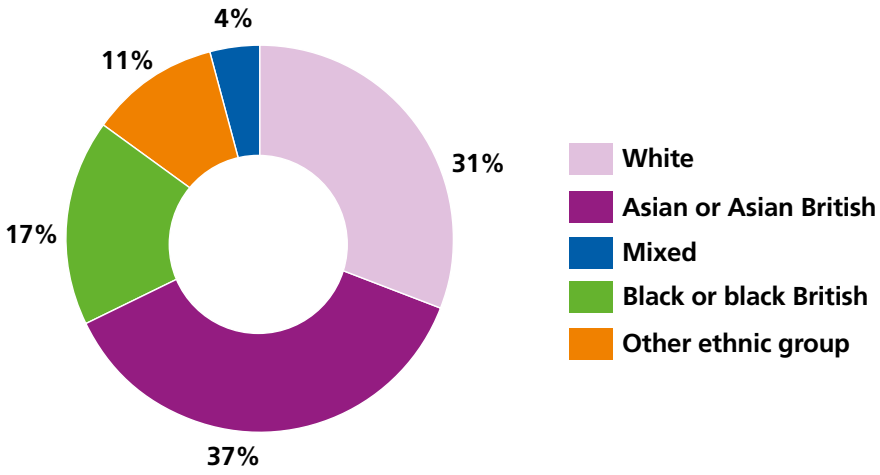


Figure 30: **Number of obese pregnant people in each borough** *Source: WSIC*



The largest percentage of obese pregnant women by ethnicity are Asian/British Asian or white (figure 31).

Figure 31: **Percentage of pregnant people by obesity and ethnicity.** *Source: WSIC*

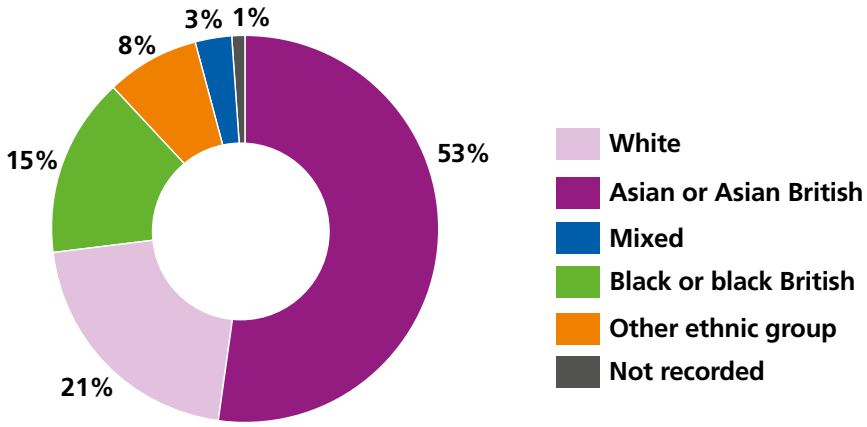


Asian pregnant women are concentrated in Ealing, Brent, and Hounslow geographically speaking, despite the fact that the proportion of white pregnant women in those boroughs is about equal (figure 30). White women who are pregnant live primarily in H&F, RBKC, Harrow, Westminster, and Hillingdon. The boroughs of Brent, Ealing, Hounslow, Hillingdon, and Harrow are home to 88% of all obese pregnant women, 38% of whom reside in these boroughs' most impoverished neighbourhoods (1-3 decile of deprivation).

Overview of pregnant people and birthing people with diabetes

The graph below shows (figure 32) diabetes across all age groups, in blue and orange for pregnant people with diabetes. Diabetes is most prevalent in pregnant people aged between 45 and 54, and the second highest number is in those aged 35 to 44. The number of pregnant people with diabetes is minimal compared to those who are not pregnant.

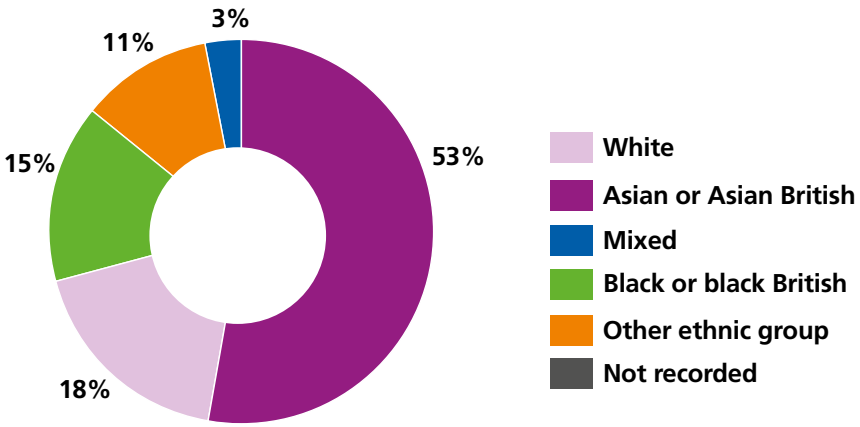
Figure 32: **Number of people of childbearing age with diabetes**



Type 2 diabetes is known to be more prevalent in the Asian community. Brent, Ealing and Hillingdon have the largest numbers of pregnant people with diabetes

The chart below shows (figure 33) that more than half the number of pregnant people with diabetes in NW London are Asian or British Asian. Like the distribution of obese pregnant people, 42% of pregnant people with diabetes live in the most deprived areas of NW London (1-3 decile of deprivation) and 7% of diabetic pregnant people live in the least deprived areas (8-10 deciles of deprivation).

Figure 33: **Percentage of people of childbearing age with diabetes by ethnicity**



Obesity is a major risk factor for type 2 diabetes and the data shows that the ethnicities and geographical distribution of obese pregnant people is very similar to those of pregnant people with diabetes in NW London.

All NW London maternity service providers have well-established maternity endocrine service and specialist midwives for diabetes. Pregnant people with type 1 diabetes account for approximately 0.3% of total birthing population per annum (total no: 80, 2018 /19 data).

Although WSIC gives an overview of diabetes in pregnant people and people of childbearing age, it does not differentiate the type of diabetes, e.g., type 1, 2, or gestational. A data request has been submitted to service providers for ethnicity and deprivation index data relating to all pregnant people with type 1, type 2 and gestational diabetes to refine our understanding. However, analysis of this data was not available at the time of the submission, NW London LMS aim to complete a full analysis of provider level data by the end of 2022.

Overview of pregnant people and people of childbearing age with hypertension

The vast majority of hypertensive pregnant people are between the ages of 35 to 44 years old. Overall, most pregnant people with hypertension live in Brent, with Ealing and Hillingdon having the second largest number (figure 34). Harrow and Hounslow follow closely behind.

Chart showing the number of pregnant people in different age ranges with hypertension in each borough

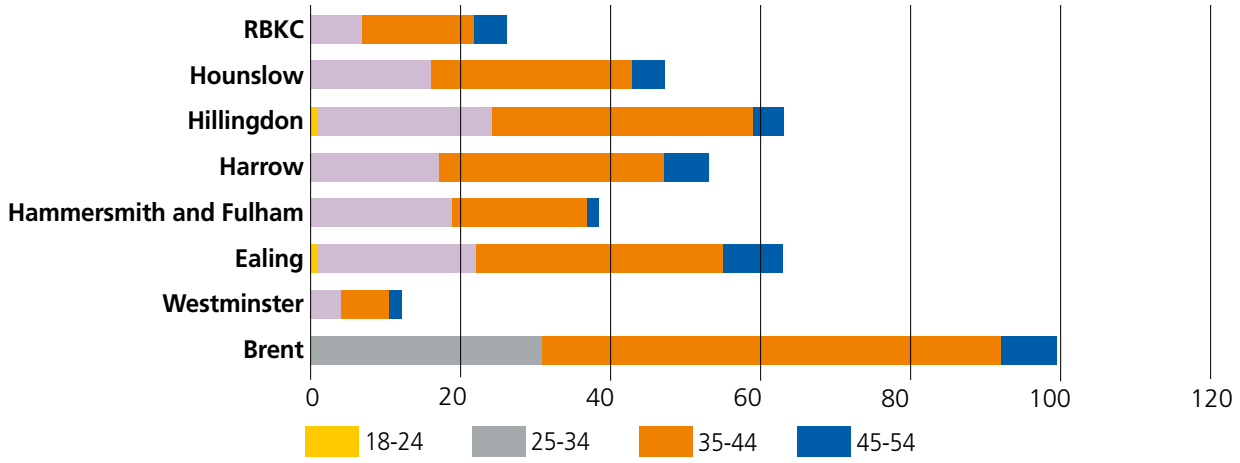


Figure 34: Pregnant people with hypertension in each borough

As is evident with obesity and diabetes, the prevalence of hypertension is highest in pregnant Asian (figure 35) people. The data also shows like with obesity, there is also a high prevalence of hypertension in white pregnant people in NW London. Black or black British pregnant people make up 7% of the reported hypertensive cases in NW London.

Percentage of pregnant people with hypertension by ethnicity

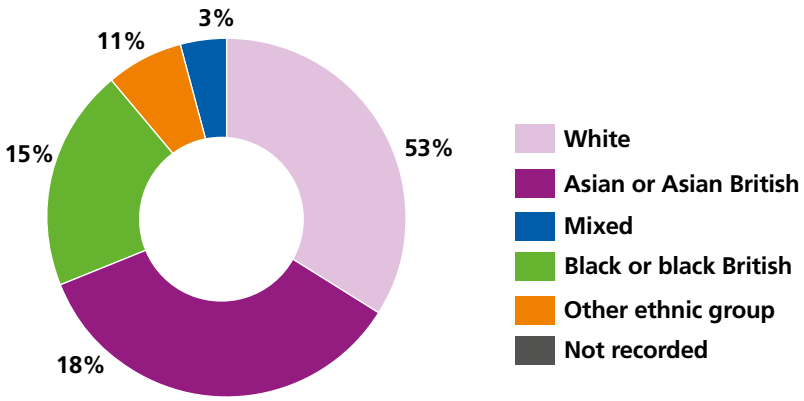


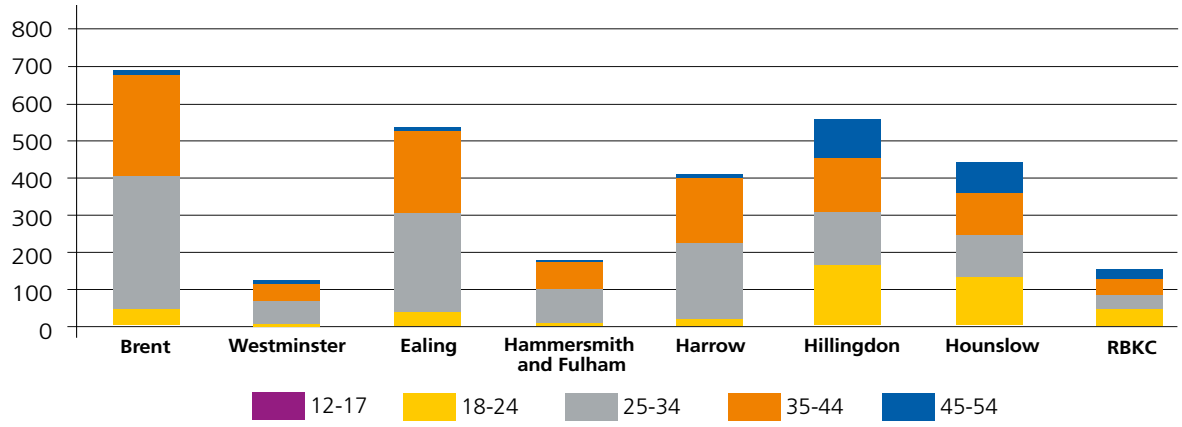
Figure 35: Ethnic breakdown of pregnant people with hypertension

Recognising that pregnant people with hypertension and/or diabetes are more likely to develop pre-eclampsia, all NW London maternity units use a point-of-care test called the Placental-like Growth Factor (PlGF) test to monitor the risk of pre-eclampsia, when necessary. This test is used in accordance with NICE guidance (DG23).

Overview of pregnant people and birthing people with diabetes, hypertension and obesity

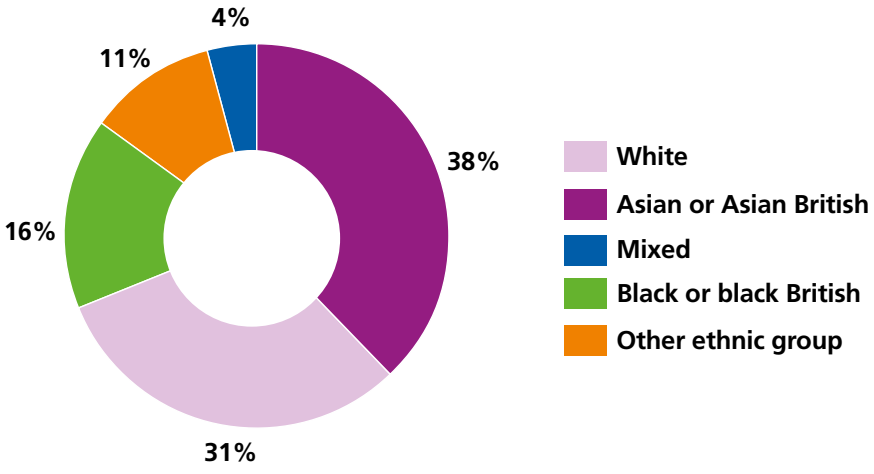
Brent has the largest number of pregnant people with all three co-morbidities, and the majority are in the 25-34 age range (figure 36). Ealing and Hillingdon have the second largest cohort, with Hounslow and Harrow following closely behind.

Figure 36: **Pregnant people with 3 co-morbidities in each borough**



The ethnic breakdown of pregnant people with three co-morbidities (figure 37) reveals that Asian (38%) and white (31%) ethnicities make up most of this group. Pregnant people that identify from a Black ethnic background account for 16.1% of this group.

Figure 37: **Percentage of pregnant people with three co-morbidities**



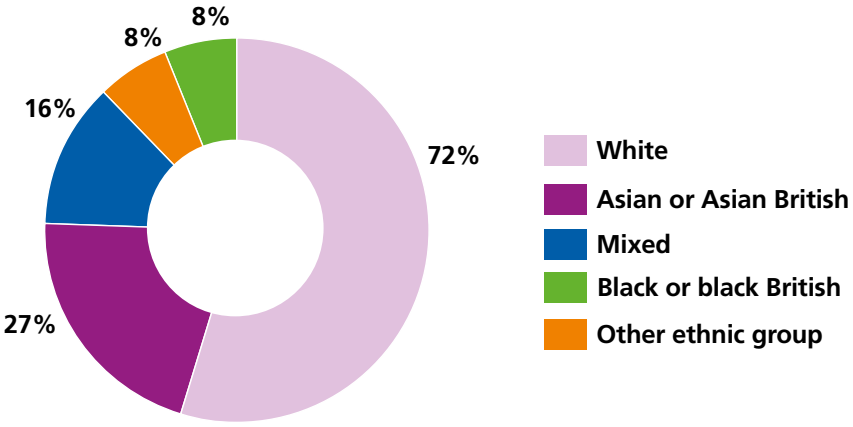
The data in the graphs above, combined with the data in the previous three sections, would suggest that most of the Asian and white ethnicities of this group would be living in the boroughs of Brent, Ealing, and Hounslow.

39% of the people with three co-morbidities live in the areas of the highest deprivation, and only 7% live in the least deprived areas. Again, the suggestion would be that Brent, Ealing, and Hounslow would be the boroughs with the areas of the highest deprivation and, consequently, the largest number of people with ill health.

Overview of pregnant people and birthing people of childbearing age with disclosed disabilities

There are approximately 2,900 pregnant people of childbearing age who have learning disabilities in NW London (figure 38), and of those, 31 are known to be pregnant in September 2022. 67% of pregnant people with learning disabilities live in the most deprived areas of the region (1-3 decile of deprivation) with none living in the least deprived areas.

Figure 38: **Percentage of pregnant people with learning disabilities by ethnicity**



Currently more pregnancies to people with learning disabilities are in the 25 to 34 age range and live in the borough of Brent (figure 38).

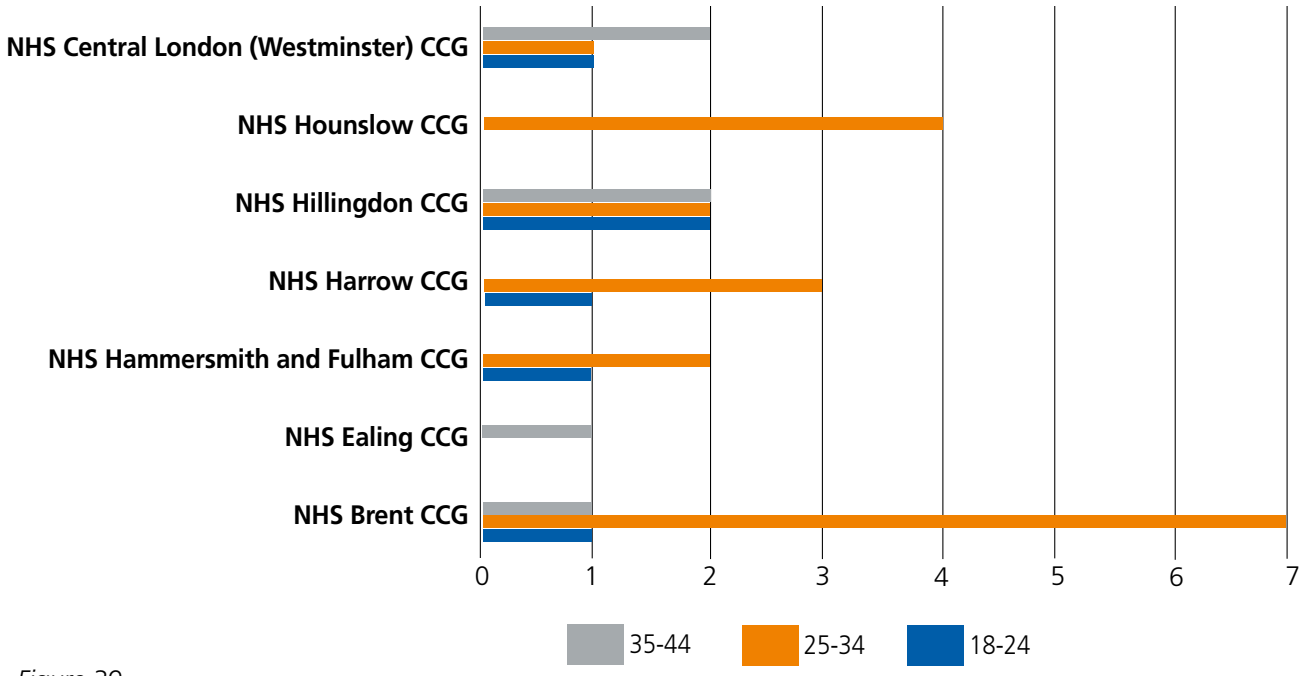


Figure 39

WSIC holds population data for learning disabilities only, but data relating to other disclosed disabilities in the NW London population of pregnant people and people of childbearing age can be retrieved from primary care (GP records) and maternity service providers (booking registration records). Data was obtained from the maternity providers; however, at the time of writing, the analysis was not available.

CWHFT has a learning disability specialist midwife. ICHT, which provides maternity services for Brent, offers Maternity Continuity of Carer for birthing people who have significant learning disabilities.

Percentage of pregnant people and birthing people of childbearing age who are smokers

The prevalence of smoking in NW London is low. The smoking in pregnancy rate average across England is 9.1%, whilst average in NW London is 3.2% (NHS Digital, 2022). However among some communities the numbers of pregnant smokers are high. NW London ICS is keen to further reduce harm caused by smoking in pregnancy, this is covered extensively in Priority 4C.

Digital exclusion

6.6% of adults in NW London are offline and 18% of adults have no smartphone in their household. Understanding and mitigating against digital exclusion is addressed in Priority 2.

Actions

Priority 4a: Understand your population and coproduce interventions	
Intervention 1: understand the local population's maternal and perinatal health needs (including the social determinants of health).	Build population health dashboards to provide a picture of change over time.
	Investment in resource to facilitate easy extraction of data from maternity information systems is needed.
	Retreive, clean and analsye maternity information system data sets to get a better overview of maternity outcomes by ethnicity and deprivation.
	To analyse provider process indicators and outcomes by ethnicity to ensure that resources are proportionally directed across the system to areas of highest acuity by ethnicity.
	LMS to work collaboratively with borough based partners to share, understand data and to better understand the correlation between maternity outcomes and social determinants of health.

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

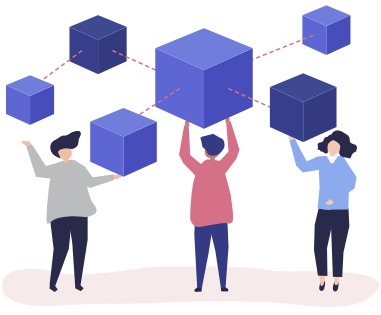
INTERVENTION 2:

Map the community assets which help address the social determinants of health

NW London has a rich variety of community assets to support its diverse population through pregnancy, childbirth, and parenting. Information about these assets can be accessed through a variety of methods, including;

- **the Mum & Baby app NW London LMS portal, accessible to all who have booked for care in NW London maternity units.**
- **The NW London maternity directory of services is publicly available to all, hosted on the ICB website and internally to maternity staff via the community assets map.**
- **For those who are less able to navigate independently online, the LMS invests in initiatives such as the Maternity Champions and the NW London Maternity Supportive Sign-posting (SSP) service.**

To understand the broad range of available support services and identify any gaps in service provision, a community assets map was created as part of the initial submission in May 2022. The process for creating the map commenced with our maternity service providers, particularly community midwives who hold local knowledge of the services within their patches. For accuracy the intelligence was cross-checked with local authorities and VCSEs, who further added to the data set.



The resulting map is a live document that continues to be updated regularly. It has become a resource actively used by our NW London healthcare workforce to provide holistic care through supporting pregnant people and their families to address the wider social determinates of health. More details on the assets are provided Appendix 2.

Mum & Baby App

The Mum and Baby app www.nwlondonics.nhs.uk/your-health-services/your-services/pregnancy-and-maternity-services/directory-maternity-and-childrens-services-north-west-london (figure 40) was initially launched in 2014 as a digital tool to provide easily accessible information for postnatal care. In 2018, the app was adopted by NW London LMS and expanded to cover all aspects of the pregnancy, birth and postnatal weeks. All content, updated annually, is written and peer reviewed by health care professionals, service users with lived experience, and stakeholders with expertise in specific areas. Content undergoes vigorous scanning to ensure that it is culturally appropriate, accessible, and non-discriminatory.

The app is available to download for free from all major app stores and serves as a platform to disseminate vital, current public health information to pregnant people, e.g., Covid-19 guidance and vaccine information. Whilst containing generic information, making it suitable for use across England, the app also contains bespoke sections for users who are booked for maternity services in NW London. This enables the LMS and wider local stakeholders to provide information on local community services such as children's and community services, as well as local authority and voluntary services related to all aspects of pregnancy, birth and new parenting.

Figure 40: mum & baby app images

Recognising the diversity of the languages spoken by the population, work is ongoing to translate the app into the five of the most spoken languages in maternity services in London (Romanian, Guajarati, Hindi, Arabic, and Somali). A stand-alone Mum & Baby webpage mumandbaby.uk/ which hosts all the information from the app was launched in September 2022. This is to ensure that service users and their families without access to smart phones can access this resource on computers at home or at one of the many library centres in NW London and enable direct printing and translation from desk-top computers.

As part of the personalisation work stream, the app continues to evolve to meet the needs of pregnant people and their families, with national guidance and service user feedback and/or service user need as the strongest drivers for change. There are four templates for personalised care and support plans in the app (figure 41) and available for download from the webpage mumandbaby.uk/personalised-care-plans. A pilot project has recently been launched that will link the care plans to the hospital-held maternity records in one of our provider trusts, making the app an inter-operable tool that facilitates communication between the service user and provider.

In 2018, the app was adopted by NW London LMS and expanded to cover all aspects of the pregnancy, birth and postnatal weeks.

Supportive Signposting

Figure 41: Mum & Baby PCSP checkbox sticker for maternity notes

During the first wave of the Covid-19 pandemic, NW London Maternity Transformation Programme seized the opportunity to support the birthing community with the use of a Social Prescribing based model called 'Supportive Signposting' [SSP]. The SSP service, staffed by members of the maternity team, offers telephone 'signposting' to service users requiring additional information or support to meet their wider health and social needs. The service aims to help strengthen personal resilience and reduce health inequalities by addressing the wider determinants of health, such as debt, poor housing, and physical inactivity, and by increasing people's active involvement with their local communities. It particularly works for people with long-term conditions (including support for mental health), for people who are lonely or isolated, or have complex social needs which affect their wellbeing. It is well-known that social issues such as domestic abuse and financial strains increase and, in many cases, begin during pregnancy and the postnatal period. Maternity healthcare professionals are well placed to be able to build therapeutic and trusting relationships with pregnant people and their families over time, and often become their confidant and trusted person to disclose their issues to.

This service rolled out in July 2020 and is currently still running. Each trust assigned their SSP designated midwives to answer the phone and signpost the caller appropriately. All callers are assessed using the MYCaW www.meaningfulmeasures.co.uk/ scoring system, which assess a change in significance of the issue/s the users have from the first contact to the follow up contact two weeks later. The SSP staff also use the locally created NW London Maternity Directory of Service [DoS] to signpost to appropriate services. www.nwlondonics.nhs.uk/your-health-services/your-services/pregnancy-and-maternity-services/directory-maternity-and-childrens-services-north-west-london The reasons for calls were found to be diverse, with the most common being queries relating to housing and finance, smoking and infant feeding (figure 42).

The SSP service

staffed by members of the maternity team, offers telephone 'signposting' to service users requiring additional information or support

NW London reasons for calling SSP

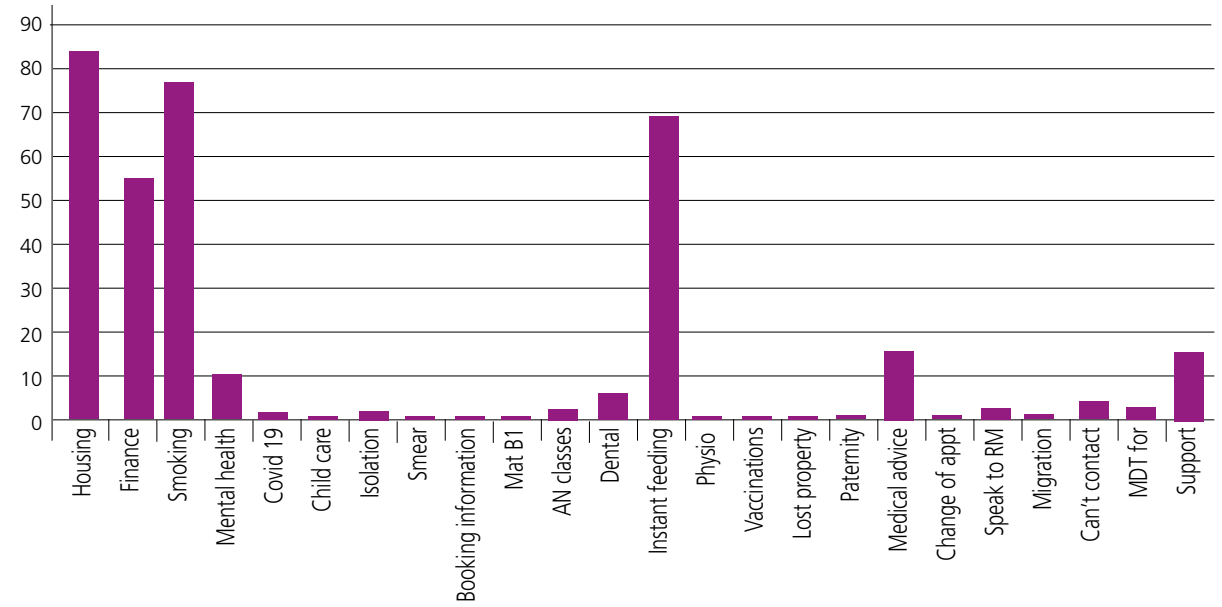


Figure 42: **Analysis of reasons for contacting SSP, NWL MTP, 2021**

In July 2021, NW London LMS collected data from the projects' first year to analyse its effectiveness. The service had signposted more than 400 callers, reached the wider diverse population (see below – based on CWUHT and LNWUHT ethnicity data), and resulted in a 70% increase in wellbeing according to MYCaW scoring data across all trusts. (The ethnicity data of callers (figure 43) was not collected by THH and ICHT for this period and so may not be entirely reflective of all calls logged over this time period).

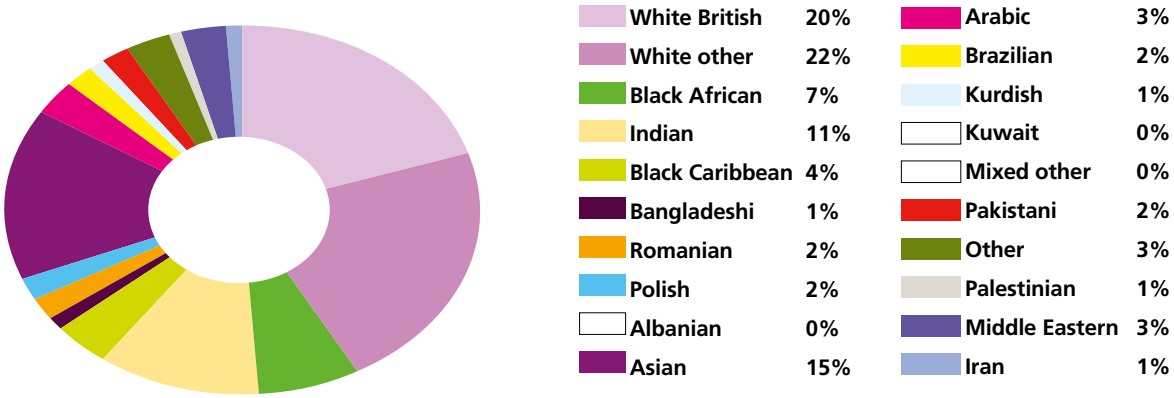


Figure 43: **SSP analysis – ethnicity of callers, NWL MTP, 2021**

SSP aims to prepare people for parenthood by acknowledging the individuals' wider needs and vulnerabilities and helping to direct the person to the service or network that can provide assistance, thus reducing any compounding isolation, anxiety or stress. Data collected on gestation at the initiation of contact shows that most calls were made postnatally, closely followed by third trimester calls (figure 44), suggestive of the need for greater input after giving birth and during the final weeks of pregnancy.

NWL gestation of callers

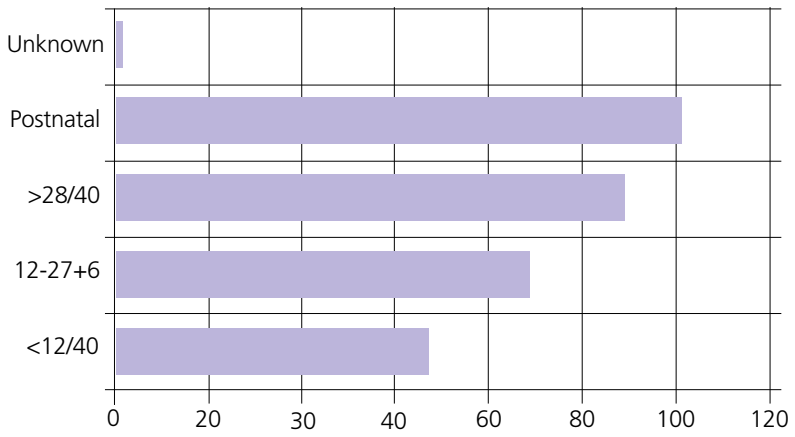


Figure 44: SSP analysis – gestation of callers, NWL MTP, 2021

Many of the midwives trained to deliver SSP have now returned to full-time clinical practice, which has meant that individual trusts have had to adapt how they provide the SSP service. This means that although it is still being provided across NW London, there is a large variation in how SSP is delivered across the sector. The LMS and wider ICS and it is recognised that a standardised approach is required to ensure this service remains available and equitable in accessibility for all, but particularly for vulnerable pregnant people, those with long-term conditions, ethnic minorities and those living in areas of high deprivation.

Supportive signposting posters were displayed in hospitals and children's centres across the region (figure 45).

See recommendations for progression plans.

Figure 45 Supportive signposting poster 2021

SSP aims to prepare people for parenthood by acknowledging the individuals' wider needs and vulnerabilities and helping to direct the person to the service or network that can provide assistance

Maternity Champions

Maternity champions work in three boroughs in NW London: Hammersmith and Fulham, Kensington and Chelsea and Westminster. They are trained volunteers from the local community. During pregnancy and the first year of a child's life, Maternity Champions assist new parents. They collaborate closely with midwives, health visitors, and staff from children's centres to promote the use of antenatal and postnatal services, mentor and support expectant parents to form social networks and offer support to one another. They undertake regular wellbeing training including mental health first aid and NCT infant feeding peer support. An independent evaluation of the maternity champion programme was carried out by Westminster, Hammersmith & Fulham and the Royal Borough of Kensington & Chelsea (RBKC) councils which reported:

- Significant impact on local families, many reporting they have been helped greatly
- Positive health impacts, particularly in the fields of maternal mental health, reducing isolation, breastfeeding, and uptake of child immunisations
- Promotion of key public health messages including stopping smoking, child oral health, nutrition, and child immunisations
- Evidence that indicates a positive impact and influence on the local maternity pathway and clear policy fit to complement 'Give every child the best start in life'
- Over 4,300 hours of volunteering during the pilots across the two project areas, and a strong community-based maternity asset
- Creation of a successful volunteer scheme which has recruited and trained 43 local people and produced notable uplifts for volunteer Maternity Champions.

Maternity Champions assist new parents to promote the use of antenatal and postnatal services, mentor and support expectant parents to form social networks and offer support to one another.

The NW London ICS is strengthening the collaboration with the Maternity Champions in the next by developing partnership models to better integrate the champions with maternity services. It is hoped that further boroughs will initiate Maternity Champion models in their children's centres.

Domestic abuse services/charities

The local authority websites in every NW London borough have a page devoted to domestic abuse support services that are available both locally and nationally. This list provides the names and contact details of each service.

The provision of many of the services crosses borough boundaries. For example, the Angelou project www.angelou.org/, which serves the populations of Westminster, RBKC, and Hammersmith and Fulham, is a collaboration of ten services from the three boroughs which preceded the formation of the NW London ICS.

Maternity staff and safeguarding teams at all NW London maternity units are aware of the domestic abuse support services in the local areas and will signpost or put pregnant people in contact with the nearest and most appropriate service. See the community assets map with details of support services under maternity units which were provided directly by NW London maternity teams

Several religious organisations and support groups started by ethnic minority populations are also available to assist with domestic abuse in the specific boroughs where the ethnic minority constituents make up a large proportion of the population, e.g., Southall Black Sisters in Ealing and Hounslow, Arabic Pregnant People's Project in RBKC, Eastern European Service in Ealing, etc.

Mental health charities

Many of the cultural charity groups provide support that is bespoke to the needs of that community.

There is a strong voluntary sector in NW London that offers a variety of support to the population. Mental health charities are one such support offer, which offers assistance through bereavement, general mental health, etc. Every borough has at least one voluntary service supporting its community with mental health needs, and many charities work across borough boundaries as well. Many of the cultural charity groups provide support that is bespoke to the needs of that community. Many of these services can be found listed on the NW London maternity directory of services and on local authorities' websites www.nwlondonics.nhs.uk/your-health-services/your-services/pregnancy-and-maternity-services/directory-maternity-and-childrens-services-north-west-london.

Religious support groups

Religious centres in NW London host support groups or services for residents, which include mental health support groups, parenting support, peer support and domestic abuse help services.

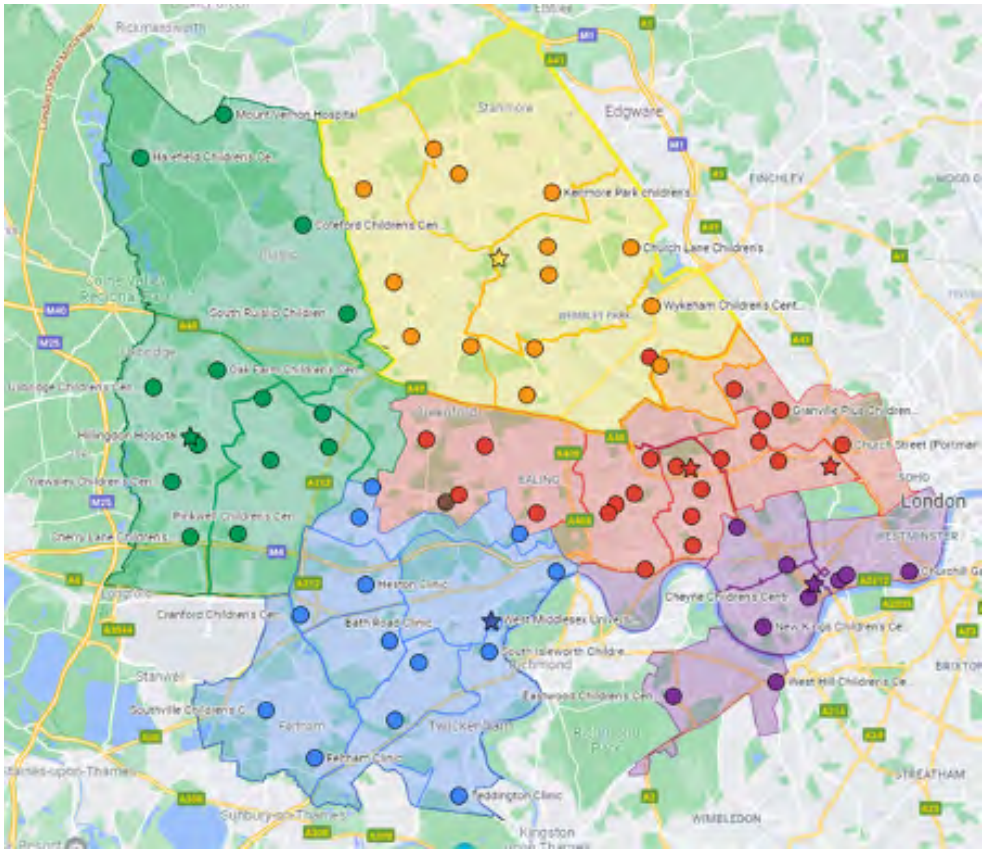
Directories of religious centres can be found on the local authorities' websites, which include contact information and websites. The diversity of the centres across the country is representative of the diversity of the population they serve.

The LMS and MVPs are working with colleagues in religious centres to increase engagement and dissemination of information from communities who are known not to vocalise their care needs through traditional forums such as service user groups, birth reflection services or PALS.

Children's centres

A list of children's centres is supplied in the accompanying community asset map below, grouped by boroughs and by maternity unit use.

Google map of children's centres in maternity service catchment areas



There are 72 children centres across NW London. The children's centres in the sector are utilised by the local authority, healthcare professionals, and charity sector colleagues to host a wider variety of events and activities to support communities in pregnancy, parenting, and beyond. They host antenatal classes, exercise classes for pregnant people, breastfeeding support sessions, baby and toddler groups, parenting support classes, as well as serve as points for health visitors or community midwives to run some postnatal care sessions.

There are

72

children centres across NW London

At one children's centre in RBKC, a volunteer group runs Mums on a Mission (MOMS), which supports all mothers, particularly mothers aged between 13 and 24, with advice on finance, budgeting, housing and parenting skills etc.

Running sessions at these centres increases the availability and accessibility of services to the community as the venues may be more local than local authority offices.

Although some boroughs have more children's centres than others, residents can use support facilities across borough boundaries.

Children's centres also provide an ideal site to advertise services available to expectant and new parents. The LMS works with children's centre colleagues and Maternity Champions to ensure resources and information for pregnant people are current and available to the community. For example, across the NW London maternity system, the Mum & Baby app is utilised as a resource to provide essential information to pregnant people and their families. The LMS ensures that the stakeholders are provided with resources and training to promote the use of this free app to all residents.

Community infant feeding support

Traditionally, NW London has had good provision of community-based and often peer-led infant feeding services and higher than average breast-feeding rates. The LMS acknowledges that during the past two years, with a focus on maintaining safe services through the Covid-19 pandemic, attention has moved away from infant feeding. As the LMS recovers, infant feeding has been identified as a priority area. A gap analysis will be undertaken in 2023 to establish the quality, quantity, and consistency of infant feeding support across the sector, ensuring that no population or community is without access to infant feeding support in either acute or community settings.

NW London has had good provision of community-based and often peer-led infant feeding services and higher than average breast-feeding rates

Voluntary, community, and social enterprise (VCSE)

The LMS has mapped out community and social enterprise across the sector and is establishing links with a variety of organisations catering for the diverse populations living and birthing in NW London. This is iterative work that needs a long-term strategy, including greater resources and investment. Through listening events to be held over the coming 12 months, the LMS hopes to build relationships and develop plans for future collaborative work.

Food banks

The LMS has mapped support which is available to residents who require referral and access to food banks in the sector (see NWL Maternity Community Assets Map, appendix 2). The providers are a combination of local authority, charity and local community organisations. Given the current cost of living crisis, food scarcity and security is a concern for many people and there are services available for those most in need. Whilst the list is comprehensive and up to date, there are many organisations who traditionally did not offer this support, and are now doing so. As such, this list is being constantly updated.

Actions

Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes	
Intervention 2: map the community assets which help address the social determinants of health	Enhance MSDS submission and the accuracy of the data by implementing a new process prior the final submission.
	Upgrade maternity IT systems
	Regular data quality checks via LMS digital meeting
	To capture data on MCoC teams, deprivation and ethnicity. Monitor quality and progress with monthly dashboard check and MSDS submissions
	Mum & Baby App: Complete full app translation into Romanian, Guajarati, Hindi, Arabic and Somali
	Pilot integration with Care Information Exchange
	Increased promotion of and awareness of Mum & Baby app content and functionality
	Supportive Signposting: Work with the ICS partners to establish future SSP sustainability and standardisation
	Recommence in-depth data collection and collation on ethnicity of users of the SSP service and to include deprivation data
	Maternity Champions & Voluntary sector services: Explore expansion of maternity champions programme to outer 5 boroughs
	Increase collaboration with maternity champions and wider voluntary sector
	Domestic abuse services/charities: Enhanced engagement to ensure resources are available for distribution to the pregnant and postnatal populations they serve.
	Work collaboratively with people having lived experience to design services/clinics that meet all cultural and diverse needs.
	Religious support groups: MTP engagement lead to develop sustainable communication methods to share information between service providers and users, build trust and collaboration in future maternity service design.
	Children's centres and family hubs: MTP engagement lead develop communications methods to share information between sectors. This will allow maternity services to work with teams to have more understanding of the needs of the services users, reasons that for reluctance to engage with some health interventions and also extends the reach of information that needs to be disseminate to pregnant and postnatal pregnant people and their families.

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

INTERVENTION 3:

Conduct a baseline assessment of the experience of maternity and neonatal staff by ethnicity using WRES indicators 1 to 8.

At the NHS Equity and Diversity Council meeting in July 2014, it was confirmed that employees of black, Asian, and minority ethnic backgrounds might require support in accordance with department policies regarding equal access to career opportunities, progression, and fair treatment in the workplace. The first Workforce Race Equality Standard (WRES) report was published in June 2016 and updated in April 2017. The report provides some evidence of an improvement, but more work is required to apply these improvements across the NHS. As an initiative to increase workforce equality, WRES supported an annual investigation into the challenges of race equality and for leaders to fully recognise their responsibility.

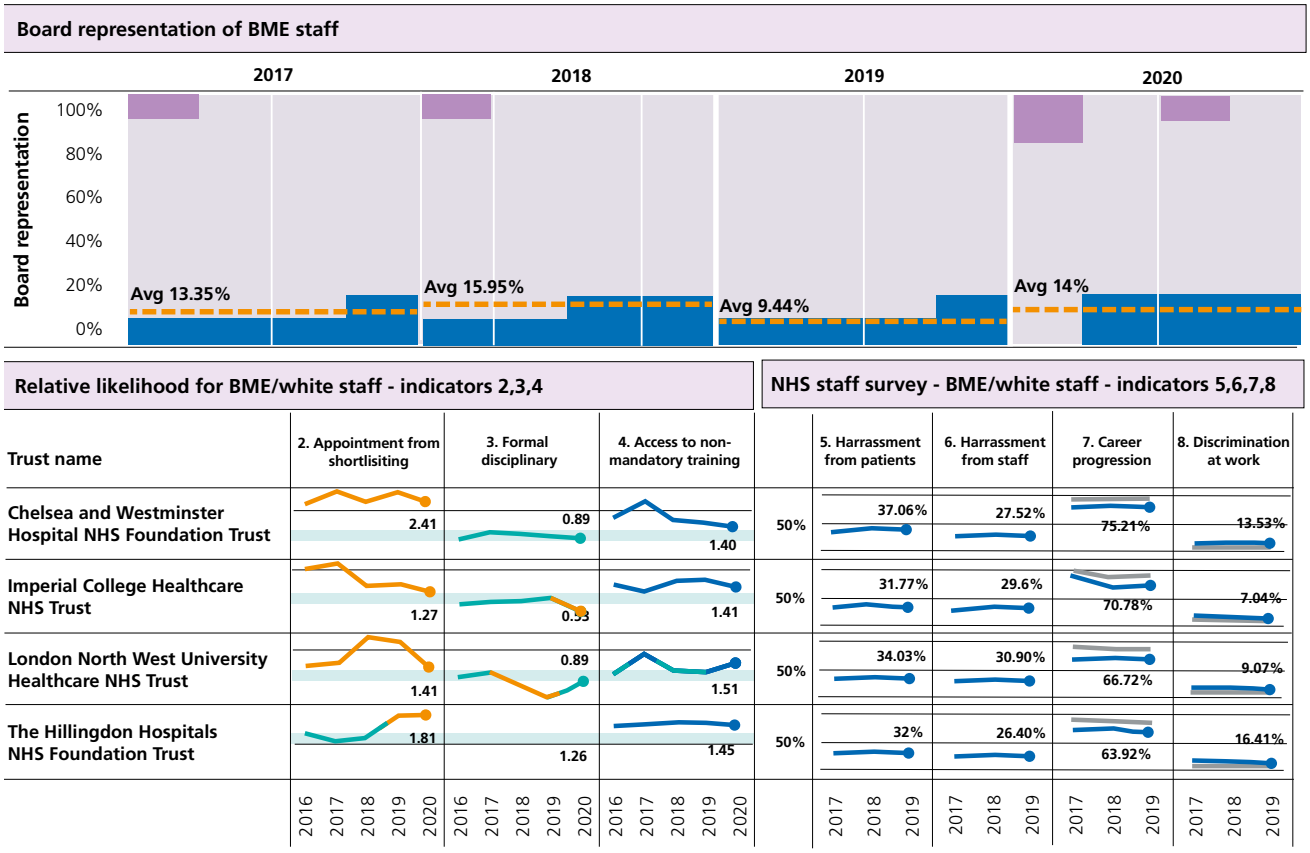
For the purpose of this report, of the nine WRES indicators, 1 to 8 are reviewed and considered relevant to maternity and neonatal services although it is acknowledged that WRES data relating specifically to midwives, was only available for indicator 1. Indicators 2 – 8 refer to entire staff population of each acute hospital Trust in NW London.

NHS WRES data can assist the LMS in improving understanding of race inequalities at trust level, informing plans that implement best practise, which in turn can contribute to all areas of the broader health economy, and therefore drive forward system change. However, for the LMNS to really make an impact in this area, divisional level deep-dives will be required to gain understanding of the workforce race equality issues for midwifery and neonatal staff. Strategic plans for this are being drawn up through the NW London Maternity cultural safety sub-group in partnership with workforce leads in the trusts.

The LMS has accessed WRES data for financial years 2019/20 and 2020/21 but was unable to separately identify maternity and neonatal employees specifically, since the data is generic for all staff groups employed in their respective organisations. However, Health Education England (HEE) reporting tools, accessible to the LMS, contain details on the headcount for midwives, broken down by ethnicity from the electronic staff register (ESR). Therefore, for indicator one, a direct comparison of the midwifery workforce was made possible.

The table below shows the overall performance of WRES data for NW London from 2016 (figure 46).

Figure 46: **Workforce Race Equality Standard (WRES) Data - Beta**
Source; HEE workforce profile



Region - London

STP - North West London Healthcare

Trust name - multiple values

Board representation
- Other
- White
- BME

Relative likelihood
- BME staff less likely
- BME staff more likely
- No statistical signal

Indicators 5, 6, 7, 8
- BME
- White

The data below (figure 47) displays WRES data across NW London for the last two years enabling NW London ICB to identify areas for improvement and develop a long-term action plan.

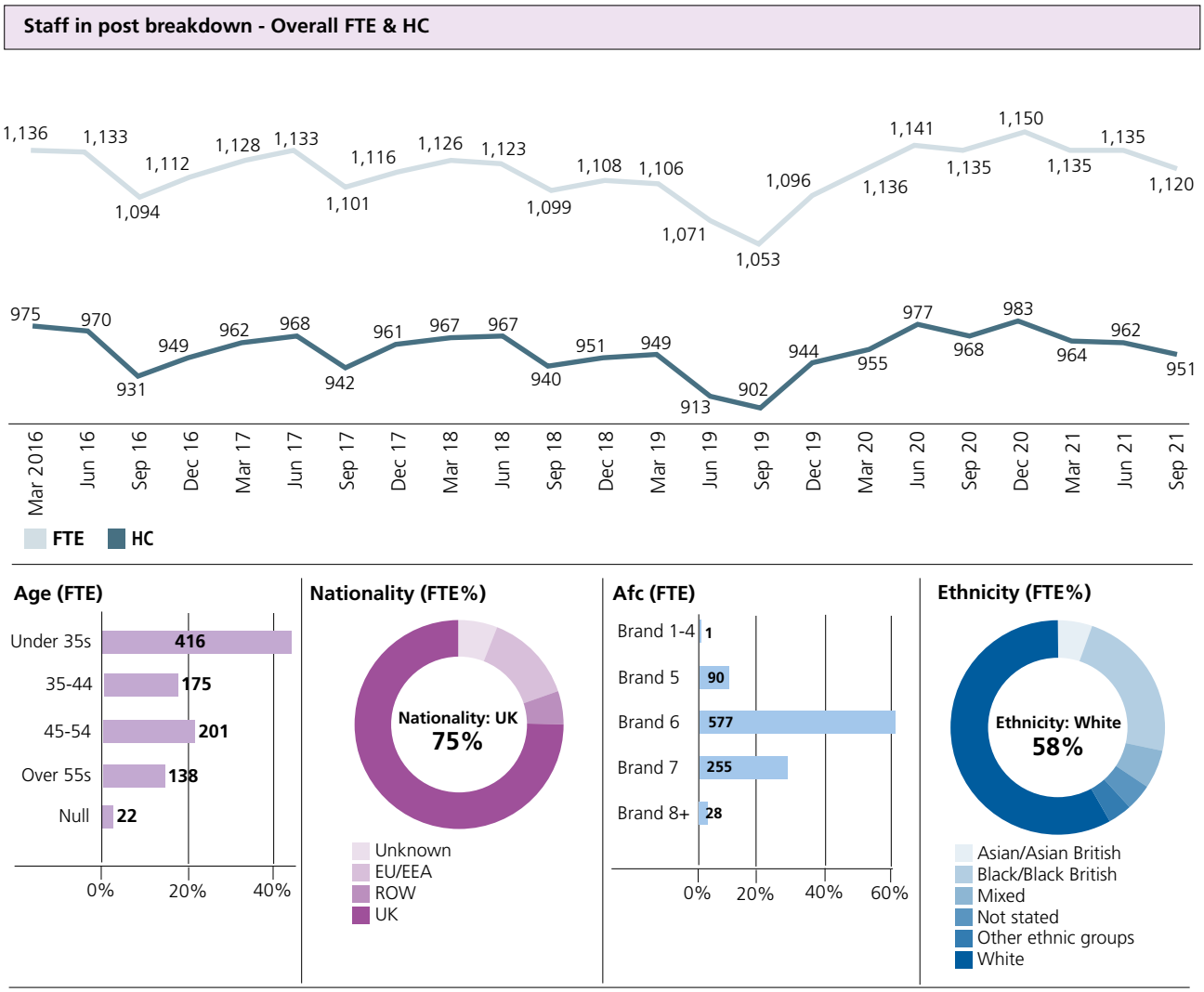
WRES indicator	2019			2020		
1. Workforce reporting	Non BAME	47.2%	As at 31 March 2020	Non BAME	45.9%	As at March 31 March 2021
	BAME	48.1%		BAME	48.9%	
	Unknown	4.7%		Unknown	5.2%	
2. Relative likelihood of staff being appointed from shortlisting across all pools	Non- BAME staff 1.44 times more likely		Based on NHS jobs and TRAC data captured during 2019/20	Non- BAME staff 1.45 times more likely		Based on NHS jobs and TRAC data captured during 2020/21
3. Relative likelihood of staff entering the formal disciplinary process	BAME staff 1.73 times more likely		Based on 2019/20 cases	BAME staff 2.46 times more likely		Based on 2020/21 cases
4. Relative likelihood of staff accessing non-mandatory training and continuing professional development	Non BAME staff 0.89 times more likely		Data should be read with caution, as not all non-mandatory training is captured through the current training databases across all sites	Non- BAME staff 0.92 times more likely		Data should be read with caution, as not all non-mandatory training is captured through the current training databases across all sites
5. Percentage of staff experiencing bullying, harassment or abuse from patients or relatives	Non BAME	35%	2019 Staff Survey	Non BAME	34.3%	2020 Staff Survey
	BAME	33.60%		BAME	32.6%	
6. Percentage of staff experiencing bullying, harassment or abuse from staff	Non BAME	29.10%		Non BAME	28.6%	
	Non BAME	29%		Non BAME	30%	
7. Percentage believing the trust provides equal opportunities for career progression or promotion	Non BAME	83.80%		Non BAME	82.4%	
	BAME	69.20%		BAME	65.1%	
8. Percentage of staff experiencing discrimination at work from managers or colleagues	Non BAME	8%		Non BAME	8.2%	
	BAME	14.8%		BAME	14.2%	
9.1. Percentage of trust board representation by ethnicity amongst executive and non-executive members	Non BAME	80.8%	As at 31 March 2020	Non BAME	68.5%	As at 31 March 2021
	BAME	45.1%		BAME	29.7%	
	Unknown	9.2%		Unknown	1.8%	
9.2. Percentage of trust board representation by ethnicity amongst voting and non-voting members	Non BAME	77.7%	As at 31 March 2020	Non BAME	66.5%	As at 31 March 2021
	BAME	14.1%		BAME	31.7%	
	Unknown	8.3%		Unknown	1.8%	

Figure 47

Indicator 1 Percentage of black Asian and minority ethnic staff working in NW London trusts

As stated in the introduction, analysis of indicator 1 is supported by specific data from HEE on the percentage of black, Asian and minority ethnic registered midwives employed in NW London maternity units. Overall, data shows that there is generally equal representation of ethnic minorities and white staff in acute settings of NW London ICB. There is a slight increase in the ethnic minorities and 'not stated' in the WRES data of 2021, a small reduction in white status (figure 48). The midwifery data across the NW London ICB acute programme shows a similar trend.

Figure 48



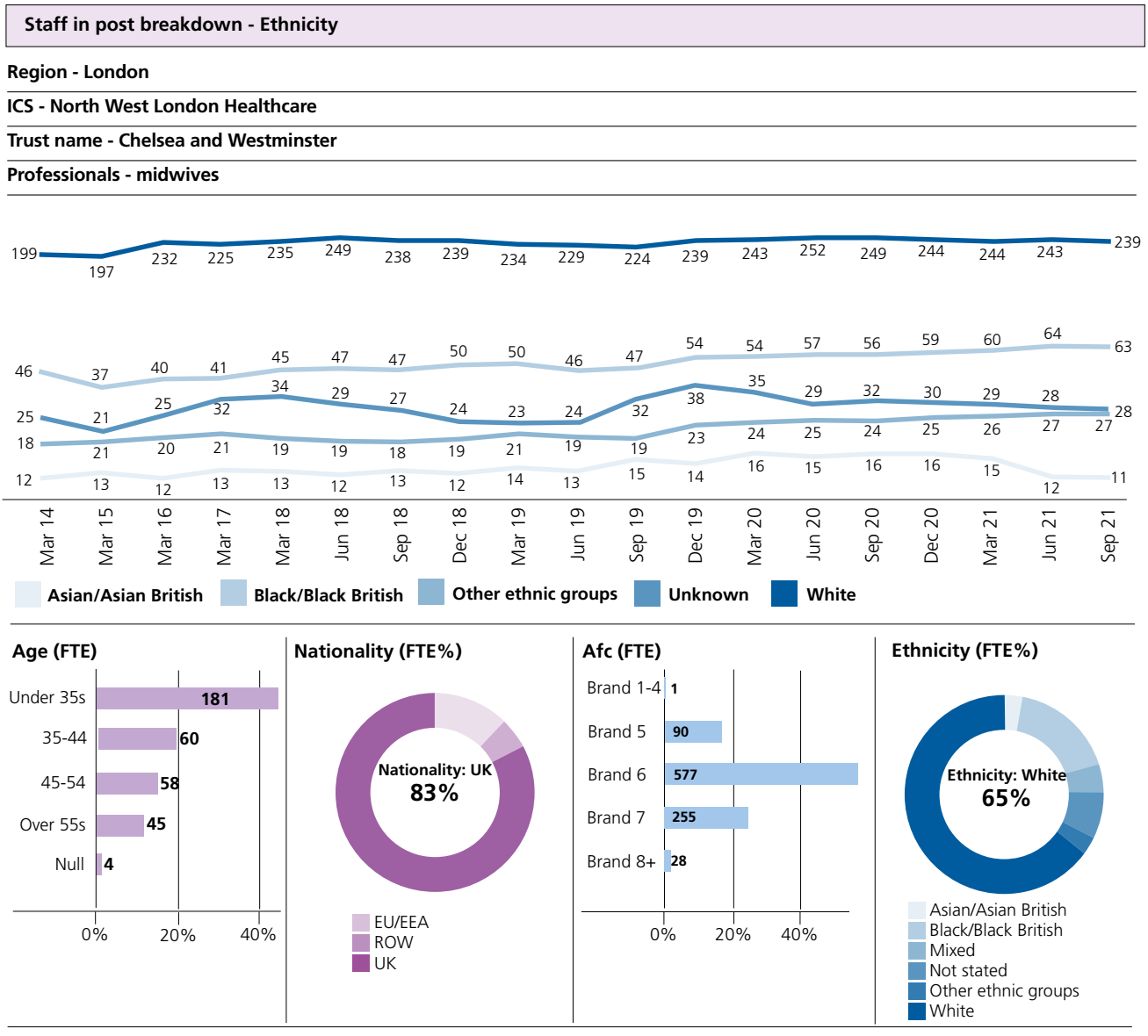
Source; HEE Workforce Profile: Tile 2 - Workforce Profile - Tableau Server

The above table shows the total representation of midwives across NW London; out of a total headcount of 1,120 midwives, 58 % are white, the second largest ethnic group identified as black or black British, and the remainder comprised of all other ethnicities. Analysis by trust shows greater ethnic variation and enables the LMS to understand local variation.

Chelsea Westminster Hospitals NHS Foundation Trust

Since 2016, the total headcount of midwives has increased. Workforce challenges concerning equity and equality are apparent. The below table (figure 49) shows the Full Time Equalling (FTE) ethnicity data of registered midwives. Expanding the illustration, it shows 65% white, 17% black representation, 3% Asian, 8% not stated, and 8% mixed and other ethnic backgrounds. The graph shows there have been few changes since 2014 in the maternity department.

Figure 49



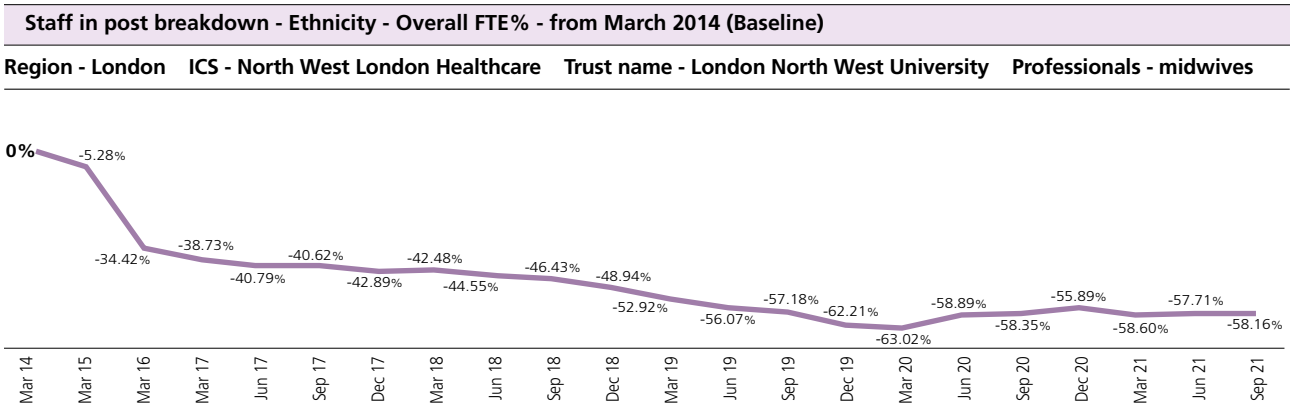
Source: HEE Workforce Profile: Tile 2 - Workforce Profile - Tableau Server

Observations: Further exploration is required. There is a notably reduced ethnic minority of Asian and black British, possibly due to the local population or the cost of living.

London NW University Hospitals Foundation Trust

Contrary other hospital trusts in NW London, LNWUHT has had high ethnic minority representation since reporting began in 2016, particularly from black and black British staff. In addition to this, there is a significant dissimilarity in staffing headcount compared to other hospital trusts. Between September 2019 and June 2020, there was a considerable headcount reduction, at 63.02%, from the 2014 baseline for staff in position (figure 50). Until now, the situation has not recovered; currently, work is underway to develop a good understanding of organisational behaviour and culture with the aim of improving staff retention.

Figure 50



Since 2016, ethnic minority representation has increased. At the same time, the total headcount has also started to fall. It currently shows that 46% of staff are from ethnic minorities, and 33 % of the representation is white (figure 51). Brent and Harrow localities have the most diverse communities compared to the other boroughs in NW London ICB.

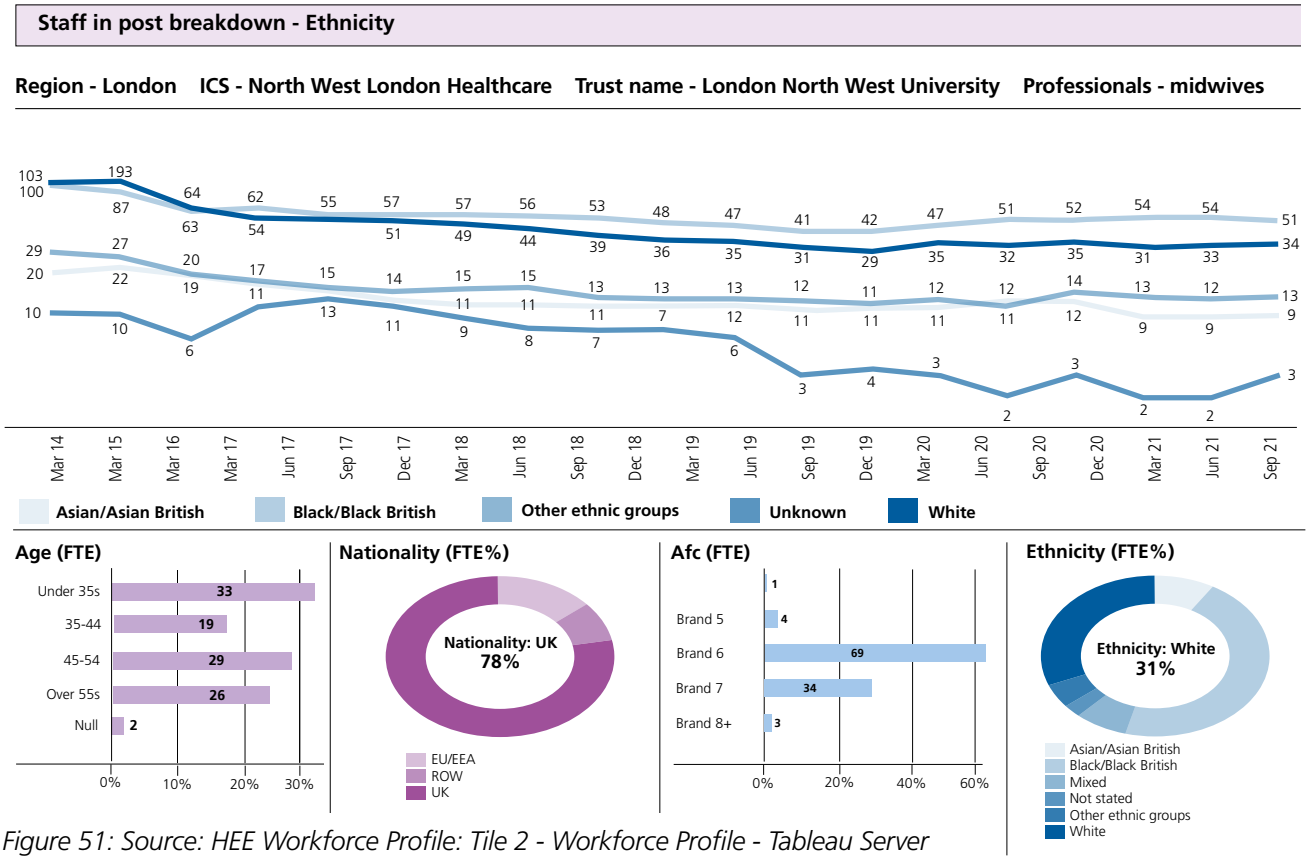


Figure 51: Source: HEE Workforce Profile: Tile 2 - Workforce Profile - Tableau Server

Observations: - A significant reduction in the headcount of midwives since March 2016, which may have had a considerable impact on diversity for the following years.

The Hillingdon Hospital NHS Foundation Trust

The registered nursing and midwifery staff data tells us about the diversity of the department. Staff headcount has increased by 25% since 2014; overall white ethnicity accounts for 34% in nursing and 64% in maternity (figure 52). Since 2014, there has only been a slight increase in ethnic diversity within the maternity department. Currently there is 23% ethnic minorities' representation and 6% Asian representation.

Staff in post breakdown - Ethnicity

Region - London

ICS - North West London Healthcare

Trust name - The Hillingdon Hospital

Professionals - midwives

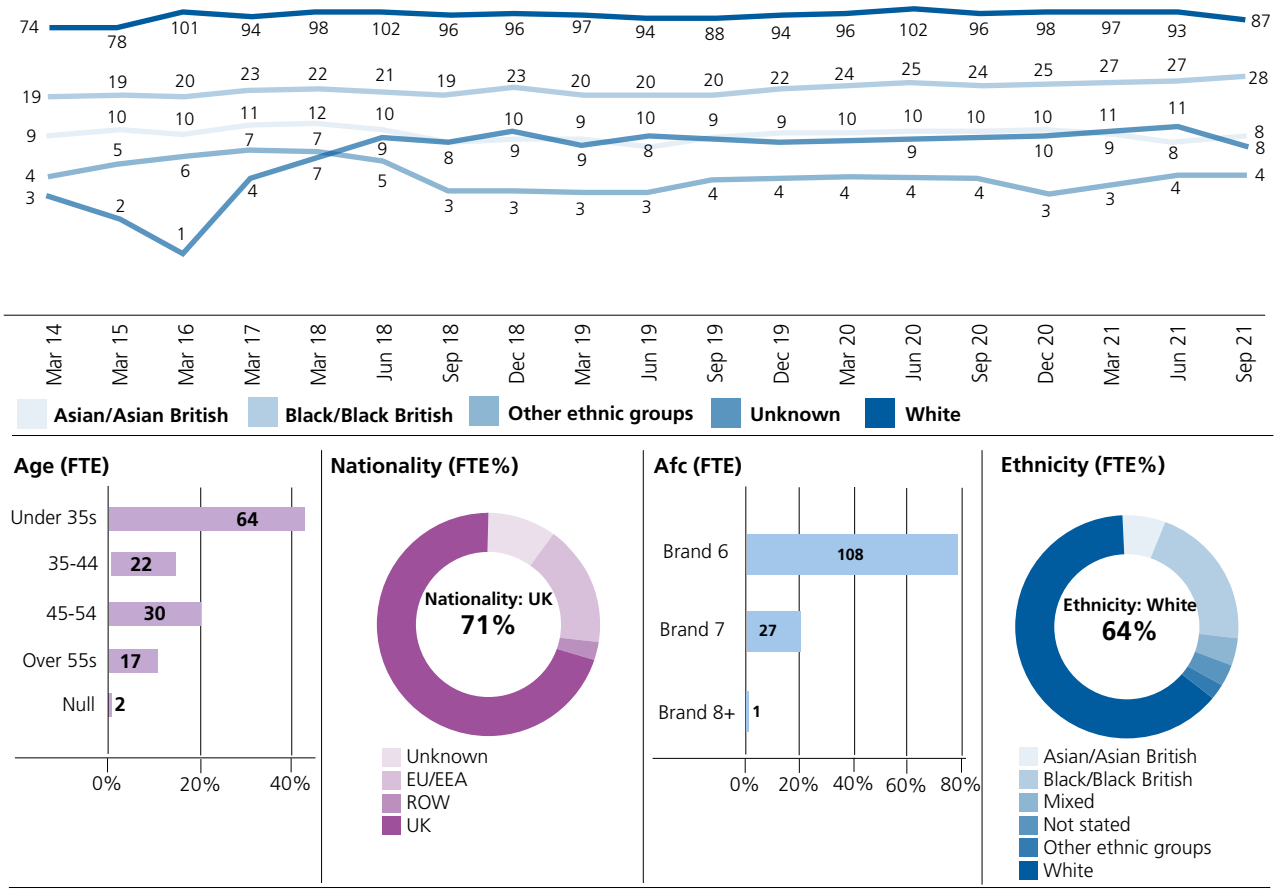


Figure 52 Source: HEE Workforce Profile: Tile 2 - Workforce Profile - Tableau Server

Imperial College Healthcare NHS Trust

Maternity headcount has increased slightly by 10% since 2014. However, retention rates are high and may present a challenge for the organisation in relation to workforce planning. Nonetheless, since March 2021, the overall ICHT workforce has managed to keep its number of staff in position until now. Despite a slight improvement in staff diversity, the maternity department may require a strategy to increase diversity to ensure it is reflective of the local population. The graphs (figure 53) shows that the current representation is 56% white, 29% black, 5% Asian, 5% mixed, and other ifs of 10%.

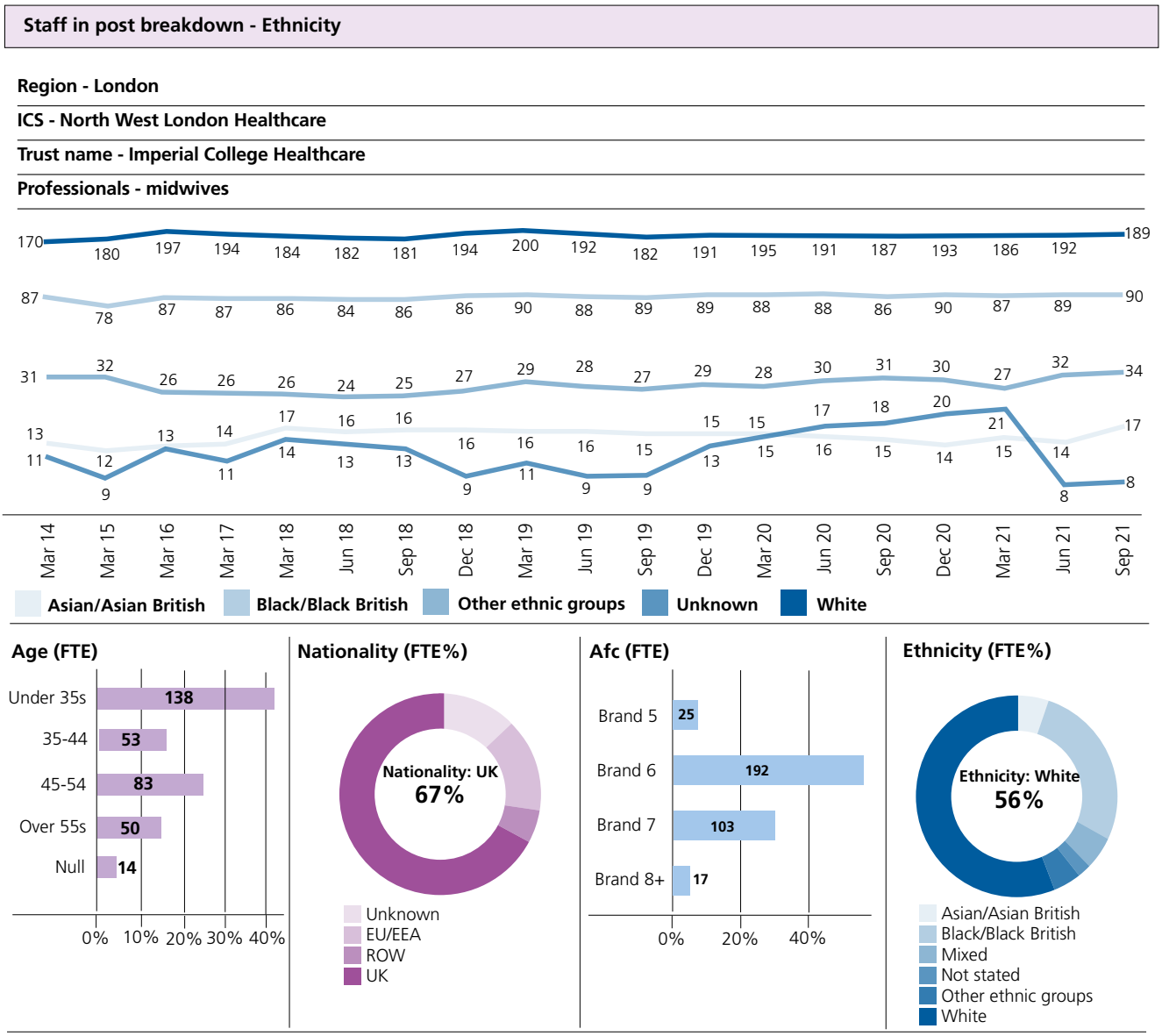


Figure 53 Source: HEE Workforce Profile: Tile 2 - Workforce Profile - Tableau Server

Nationally, ethnic minority representation amongst midwives was at 12.5%; ethnic minority representation dropped from 15.5% at band 5 to 11.9% at band 6 and 12.3% at band 7, however increasing within band 8A to 18.4% (figure 54).

ESR secondary care equality, diversity and inclusion profile detail - Ethnicity group

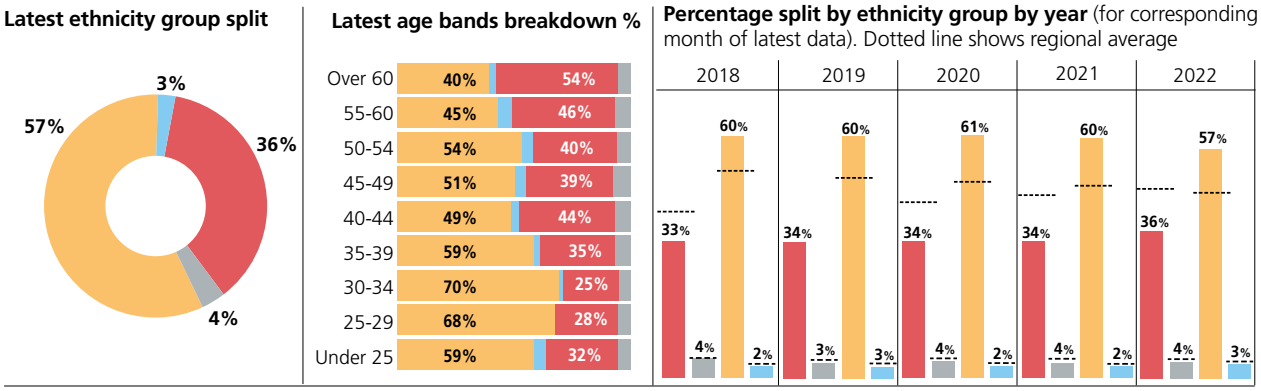
Region - London

ICS - North West London Healthcare

Trust name - All

Professionals - midwives

Selected dimension - Ethnicity group



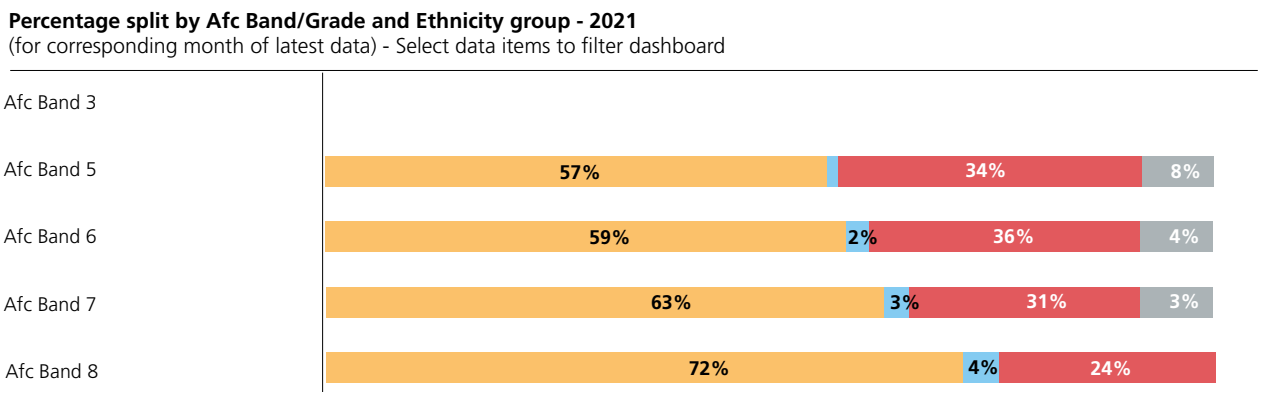


Figure 54 Source: HEE Workforce Profile: Tile 2 - Workforce Profile - Tableau Server #

Ethnic minority representation amongst midwives was at 40.1% overall in the London region and did not vary significantly by pay band. Amongst the trusts within the NW London ICS area, there were no statistically significant variations in ethnic minority representation by pay band, although some numerical trends were noted.

- Ethnic minority representation at Hillingdon Hospital NHS Foundation Trust falls from 36.2% in band 6 to 24.2% in band 7.
- Ethnic minority representation at Chelsea and Westminster Hospital NHS Foundation Trust falls from 44.3% in band 5 to 27.1% in band 6, and 17.8% in band 7.

Neonatal nurses

Nationally, ethnic minority representation in neonatal nursing was at 25.6%; ethnic minority representation dropped from 26.2%, 26.6%, and 24.0% in bands 5, 6, and 7, respectively, to 17.2% in band 8a and 7.6% in band 8b.

In the London region, ethnic minority representation in neonatal nursing is at 61.0% overall; whilst representation does not vary to a statistically significant degree by pay band, there is a downward trend from 65.8% at band 5 to 40.0% at band 8b.

Amongst the trusts within NW London, there are no statistically significant variations in ethnic minority representation by pay band. However, the number of neonatal nurses is small within individual trusts, making it difficult to draw robust conclusions at trust level. In addition, patterns of representation are highly variable from one pay band to the next within individual trusts.

Overall summary of indicator 1

In an analysis of ethnic minority representation in all the NW London trusts, it was evident that there was less Asian representation compared to all other nursing disciplines. The LMS is committed to supporting all maternity units to undertake a deep dive into workplace diversity and is advocating a collaborative approach to develop a strategic plan to mitigate diversity challenges.

All NW London maternity service providers are committed to making a positive change to ensure that staff are ethnically reflective of the population they serve, acknowledging that it may take years to make significant inroads in amending this disparity until such time as training places for healthcare professionals are equally reflective of national and local demographics.

NW London LMS has commenced exploration of issues related to workforce culture and staff well-being across the sector, recognising the diversity of needs in all respective organisations. As part of the equity and equalities strategy, recommendations aimed at increasing ethnic minority representation in the maternity and neonatal workforce.

Indicator 2 Appointment from shortlisting

This indicator explains the data about which ethnicity has precedence over getting appointed following shortlisting for the interview. However, despite improvements in the regional aspect across NW London LMS, based on the NHS jobs and Trac data during 2019/20 and 2002/21, there is a slight increase of 0.01% in appointing white staff following the shortlisting as per the recruitment data. Therefore, LMS must review its workforce recruitment strategy and the acute programmes in ICB.

Chelsea Westminster Hospitals NHS Foundation Trust

The likelihood of white candidates being appointed from shortlisting in 2020/21 is 1.6 times greater than ethnic minority staff (figure 55). This likelihood was 1.4 times in 2019/20. There is a slight increase in change in practice.

CWHFT	Relative likelihood of shortlisting/appointed (White)	Relative likelihood of shortlisting/ appointed (BME)	Relative likelihood of White staff being appointed from shortlisting compared to BME staff
2020	25%	18%	1.40
2021	2%	13%	1.60

Figure 55

Detailed analysis of the midwifery headcount for the last two years shows that CWFHT has employed double the number of ethnic minority staff compared to white, which is a good indicator of a move towards increasing diversity and inclusion.

London North West University Hospitals Foundation Trust

The likelihood of appointing white staff from shortlisting compared to ethnicity was 1.51 times greater in 2019/20 and in 2020/21 it was 1.24 times (figure 56). It demonstrates the association, with the indicator one being an increase in ethnic minority representation in the organisation.

LNWUHT	Relative likelihood of shortlisting/appointed (White)	Relative likelihood of shortlisting/ appointed (BME)	Relative likelihood of White staff being appointed from shortlisting compared to BME staff
2020	23%	15%	1.51
2021	20%	16%	1.24

Figure 56

Whilst the headcount for midwives has been reduced in 2019/20 and 2020/21, recruitment statistics show that ethnic minority representation continues to rise.

The Hillingdon Hospital NHS Foundation Trust

The likelihood of white candidates being appointed from shortlisting in 2020/21 is 1.58 times greater than ethnic minority staff (figure 57). This likelihood was 1.45 times in 2019/20.

THH	Relative likelihood of shortlisting/appointed (White)	Relative likelihood of shortlisting/appointed (BME)	Relative likelihood of White staff being appointed from shortlisting compared to BME staff
2020	29%	20%	1.45
2021	21%	14%	1.58

Figure 57

Compared to data from March 2019, even though there is a slight overall reduction in white staff, recruitment of ethnic minority staff in the maternity department has not increased on par with other NW London maternity units.

Imperial College Healthcare NHS Trust

The relative likelihood of white applicants being appointed from shortlisting compared to applicants from black, Asian, and minority ethnic groups is 1.39 (figure 58); this is a decrease from last year when the relative likelihood was 1.41 times greater.

ICHT	Relative likelihood of shortlisting/appointed (White)	Relative likelihood of shortlisting/appointed (BME)	Relative likelihood of White staff being appointed from shortlisting compared to BME staff
2020	20%	14%	1.41
2021	20%	15%	1.39

Figure 58

Whilst the headcount for the midwives does not fluctuate much, there is a slight reduction in white staff in post in comparison to ethnic minority staff.

Indicator 3 Formal disciplinary

As is the case across the country, in NW London, more ethnic minority staff undergo formal disciplinary action than white staff. WRES data shows 2.46 times more ethnic minority staff entered the formal disciplinary process in 2021 compared to 2020, which was 1.73 times (figure 59). Further analysis is required to understand this finding better especially in relation to maternity departments.

	Trusts likelihood of white staff entering the formal disciplinary process		Likelihood of BME staff entering the formal disciplinary process		Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	
	2020	2021	2020	2021	2020	2021
CWFHT	0.4%	0.34%	1.0%	0.66%	2.41	1.91
LNWUHT	0.4%	0.13%	0.6%	0.47%	1.41	3.73
THH	1.0%	1.23%	1.8%	1.86%	1.81	1.51
ICHT	0.3%	0.17%	0.3%	0.45%	1.27	2.69

Figure 59

In 2020/21, the overall number of cases has diminished for THH and CWFHT. However, there is a notable increase in ICHT and LNWUHT (figure 60) where ethnic minority staff enter formal disciplinary actions. Both ICHT and LNWUHT have had a rise in ethnically diverse staff in recent years, which may be accounting for the significant increase in disciplinary processes.

NWL LMNS

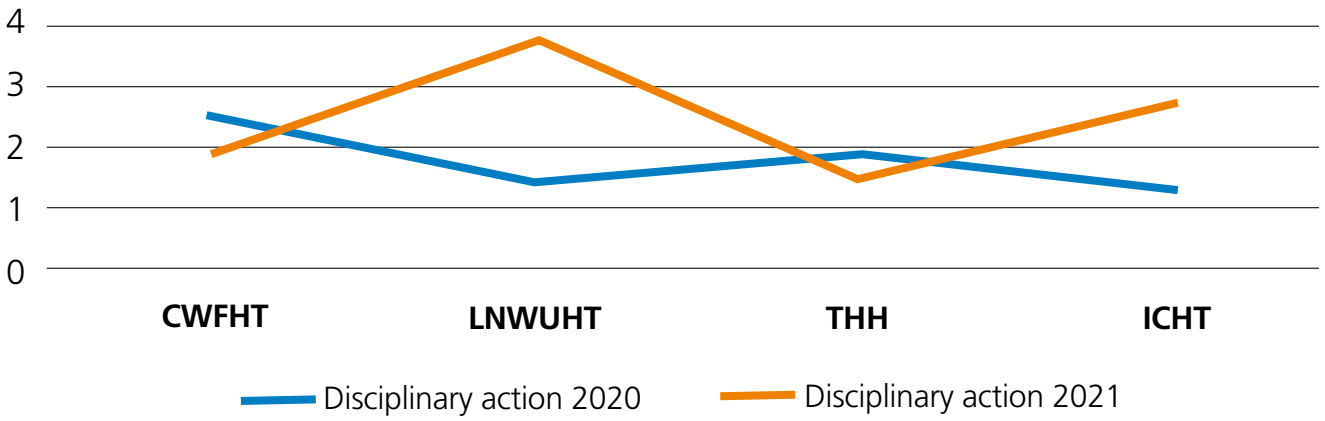


Figure 60

Extracting specific data about formal disciplinary processes in maternity units in NW London is, by its nature, sensitive. Following this analysis, the LMS plan to select specific WRES indicators to perform a deep dive, which would enable a greater understanding of workforce diversity and equality issues.

Indicator 4 Access to non-mandatory training

Overall data for NW London LMS shows a slight increase in 2021 regarding the non-mandatory training aspect (figure 61), 0.92 times more likely to attend non-mandatory and CPD training compared to ethnic minority staff. It happened 0.89 times in 2020.

Trusts	Likelihood of White staff accessing non-mandatory training and CPD		Likelihood of BME staff accessing non-mandatory training and CPD		Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	
	2020	2021	2020	2021	2020	2021
CWFHT	17.6%	37%	19.7%	40%	0.89	0.92
LNWUHT	5.9%	8%	6.7%	10%	0.89	0.84
THH	14.7%	91%	11.7%	92%	1.26	0.99
ICHT	28.9%	9%%	54.5%	7%	0.53	1.23

Figure 61

LNWUHT and THH have some improvement compared to 2020 data. However, CWFHT and ICHT may review and implement a learning development action plan to support skill gaps and progression for ethnic minority staff.

Staff survey

The data for Indicators 5, 6, 7, and 8 is collected from the national NHS staff survey and covered in more depth in the following chapters. The below picture (figure 62) illustrates the data for these indicators from 2017 to 2019 for the respective trusts.

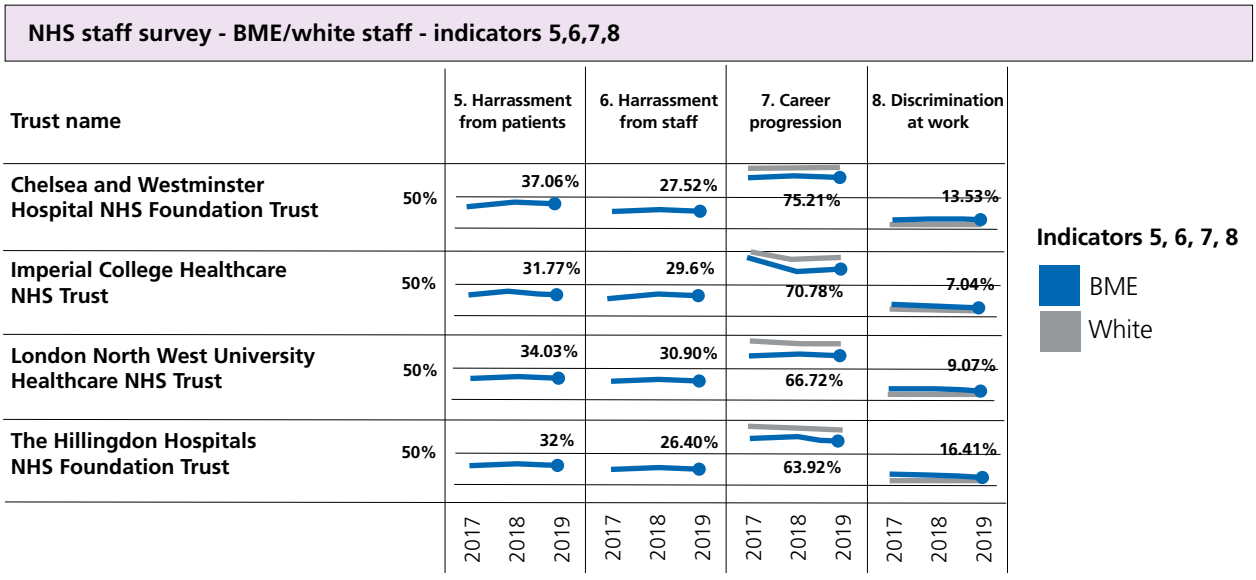


Figure 62 Source: HEE Workforce Profile: Tile 2 - Workforce Profile - Tableau Server

Indicator 5 Harassment from patient and relatives

The acute programme of NW London ICB has a general score of 35% for white and 33.6% for ethnic minorities who experienced bullying and harassment from patients and relatives in 2020 (figure 63). Even though the change was not significant, 2021 data shows some improvement with 34.3% and 32.6% of white and ethnic minority people, respectively.

Trusts	White		Ethnic Minority	
	2020	2021	2020	2021
CWFHT	37.3%	38%	37.1%	39.6%
LNWUHT	35.3%	34.9%	34.0%	34.5%
THH	32.0%	31.4%	31.7%	28.4%
ICHT	35.5%	33%	31.8%	27.9%

Source: HEE Workforce Profile: Tile 2 - Workforce Profile - Tableau Server

Figure 63

All trusts publicise the zero-tolerance policy across the hospital, openly available to the public. Staff are trained and supported to understand the importance of engagement, patient experience, and how to manage conflict. Incidents are recorded and reviewed for trusts to understand the challenges and act accordingly. The LMS is committed to inclusive public collaboration in service design, to championing the involvement of maternity voice partnerships (MVP), and to establishing frequent listening events within all maternity units. However, it recognises that more resources and support are required in this area.

Indicator 6 Harassment from staff*

In 2019, NW London ICS data (figure 64) showed that 29.10% of white and 29% of ethnic minority staff groups had suffered bullying and harassment from other staff. But there was a slight difference in 2021, a nuance reduction in white to 28.6% and an increase in ethnic groups to 30.0%. Both ethnic minorities and white staff equally report an experience of bullying and harassment at the workplace, and there have been no significant changes in the percentage of staff who experienced harassment in the workplace since 2017.

Trusts	White		Ethnic Minority	
	2020	2021	2020	2021
CWFHT	27.5%	26.7%	28.8%	29.1%
LNWUHT	30.9%	30.0%	32.8%	30.5%
THH	28.5%	29.0%	32.8%	30.2%
ICHT	29.6%	28.6%	28.1%	30.1%

**A lower score indicates a better result*

Figure 64

Through conflict management training, Equality, Diversity, and Inclusion (EDI) leads are focusing on improving workplace relationships. In addition, training and support mechanisms are in place to give staff confidence to come forward and challenge any form of discrimination. Whilst localised data is not available for maternity and neonatal services, looking at the above data, organisations may require to think differently and utilise alternative approaches to demonstrate progress supportive of staff well-being.

Within the LMS, priority has been given to ensuring there are identified cultural safety champions in each maternity unit with protected time for the role, to implementing the Capital Midwife Civility toolkit, and to the provision of bespoke LGBTQ+ and anti-racism training to provide awareness to all staff.

Indicator 7 Career progression*

There is a significant difference in staff believing that the trust they work for provides equal career progression or promotion opportunities. In 2019, it was 83.80% and 62.9% for white and ethnic groups, respectively; in 2021, it changed to 82.4% and 65.1%. Even though ethnic minorities and white staff agree that there is career progression up to the middle level, the data shows that white staff get career progression more quickly in the first year of employment than others. Ethnic minority staff have noticed more career progression at the middle level (band 5-7). When it is in the senior level (band 8s), primarily white staff get promoted over other ethnicities. The table (figure 65) shows break down per trust and figure 66 shows the breakdown per pay bands.

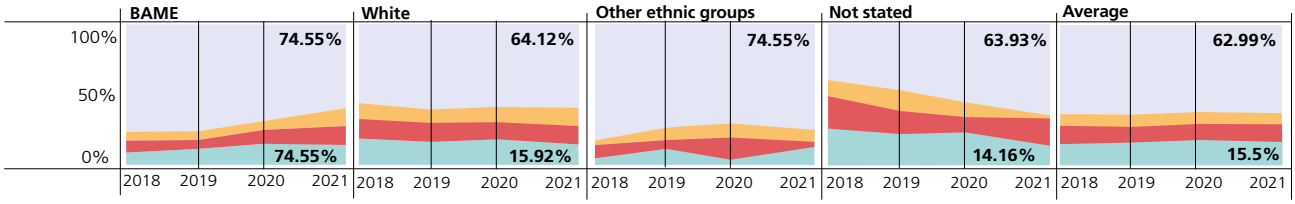
Trusts	White		Ethnic Minority	
	2020	2021	2020	2021
CWFHT	87.1%	86.8%	75.2%	69.7%
LNWUHT	81.8%	83.2%	66.7%	67.4%
THH	80.7%	77.8%	63.9%	58.0%
ICHT	85.5%	81.9%	70.8%	65.5%

**A higher score indicates a better result.*

Figure 65

AfC Band progression - Diversity and inclusion - BETA

Months since last AFC promotion by ethnicity group 2018 - 2021



Months since last AFC promotion by ethnicity group and east of England - 2021

Selected dimension X	Months since AFC promotion	Band 3 %	Band 5 %	Band 6 %	Band 7 %	Band 8a %	Band 8b %	Band 8c %	Total %
BAME	Within 1 year		35.48	14.11	7.41		33.33		14.44
	Within 2 years		45.16	9.68	11.11	25	33.33		13.35
	Within 3 years		6.45	7.26	3.7				6.27
	More than 3 years		12.9	68.95	77.78	75	33.33		65.94
White	Within 1 year		52.73	13.17	12.92	7.14			16.14
	Within 2 years		36.36	10.49	11.8	35.71	50	100	14.03
	Within 3 years		1.82	11.71	9.55		25		10.11
	More than 3 years		9.09	64.63	65.73	57.14	25		59.73
Other ethnic groups	Within 1 year		100						2.5
	Within 2 years			13.64	6.25				10
	Within 3 years			13.64			100		10
	More than 3 years			72.73	93.75				77.5
Not stated	Within 1 year		30	22.5	13.33				21.54
	Within 2 years		50	7.5	6.67				13.85
	Within 3 years		10	12.5					9.23
	More than 3 years		10	57.5	80				55.38

Figure 66 Source: HEE Workforce Profile: Tile 2 - Workforce Profile - Tableau Server

NW LMS recognises the need to implement training programmes aimed at improving career development and progression for its staff from ethnic minority groups. A bi-annual evaluation of progress in this domain will help build more confidence amongst staff.

Indicator 8 Discrimination at Work*

In NW London ICB acute programmes, the percentage of staff perceiving themselves to be experiencing workplace discrimination from managers and colleagues in 2021 was 8.2% for whites and 14.2% for ethnic minorities (figure 67). In 2019 it was 8% and 14.8%, respectively. This shows no significant change in the past two years. London continues to experience poorer quality of improvement for this indicator in comparison to other regions; staff experience of discrimination from their line managers and colleagues has not changed since 2017. NW London is reflective of the regional picture, with more ethnic minority staff experiencing discrimination from their managers and colleagues than their white counterparts.

Trusts	White		Ethnic Minority	
	2020	2021	2020	2021
CWFHT	7.4%	5.7%	13.5%	16.2%
LNWUHT	9.1%	8.8%	16.1%	15.8%
THH	8.6%	8.9%	16.4%	22.2%
ICHT	7.0%	9.5%	12.9%	16.7%

*Figure 67 A lower score indicates better results**

While localised workforce intelligence for maternity and neonatal staff groups is not available, the above data is taken for the overall Trust indicators, which does make it applicable to maternity and neonatal services. It tells us the story of not only the need for equity and equality training but also of a need for inclusive and compassionate leadership with a clear strategic approach and commitment to make positive change and thus diminish potential prejudice or discrimination.

Neonatal data

Neonatal nurses (NN) can be midwives, adult nurses or paediatric nurses. Looking through the ESR data, it is therefore challenging to identify NN using professional registration. Since 2020, HEE has categorised neonatal nurses under Neonatal 'Qualified in Specialty' (QIS). Locally, it was difficult for the LMS to separate or obtain neonatal data for reporting purposes. Therefore, beyond national reports on the neonatal workforce, at this point in time, the LMS is unable to comment further on neonatal staff experience and ethnicity.

From data reported by the London Neonatal Operational Delivery Network, it is apparent that NW London aims to meet the requirement of having 80% of its nursing and midwifery staff be Nursing and Midwifery Council (NMC) registered, and out of that, 70% should be QIS staff.

Although NW London has more than 80% of NMC registered staff in the neonatal unit, the data revealed that there appeared to be fewer QIS in the neonatal area, except for Queen Charlotte's & Chelsea Hospital (figure 68). NW London is recognised as having a significant deficit in qualified neonatal staff. The LMS is supportive of working with trusts to develop local neonatal recruitment and retention plans.

QIS% in post and NMC registered % in post

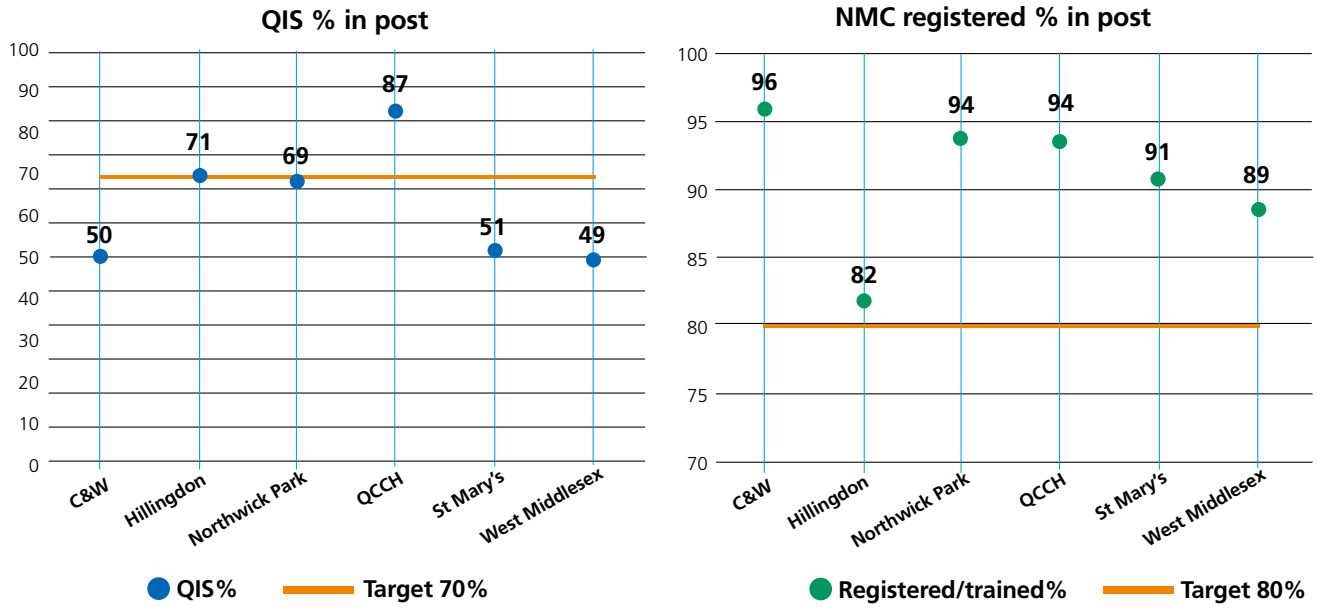


Figure 68

During the Covid-19 pandemic, in response to increasingly apparent inequalities and to campaigns such as 'Black Lives Matter'. NHS workplace ethnic minority networks have been created, spurring on an increased imperative for change. Overall, the staff survey and WRES data show that the gap between ethnic minorities and white staff remains significant. Managing inequalities and diversity issues improves patient care and experience, and it improves staff retention.

NW London LMS supports the recommendation to strengthen diversity and inclusion by ensuring ethnic minority representation in all recruitment selection processes, during interviews, and by working as part of a team to improve staff experience. Access to detailed localised data would help the LMS to understand what is taking place in each maternity unit and thus enable the LMS to develop an action plan to mitigate the existing challenges and make a positive impact before the next round of survey, with the aim of year-on-year improvement. The NW London maternity and neonatal services WRES action plan can be found in priority 4d, intervention 3 and will be included as part of the overall ICS Diversity and Inclusion Plan.

Actions

Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes	
Intervention 3: conduct a baseline assessment of the experience of maternity and neonatal staff by ethnicity using WRES indicators 1 to 8.	Ensure that training is rolled out for staff to increase awareness of diversity and inclusion issues.
	Reviews of organisational/departmental culture potentially impacting diversity.
	Recruitment of cultural safety champions (with protected time to fulfil the role).
	Ethnic minority representatives on all interview panels.
	Adoption of the Capital Midwives Civility Toolkit.
	Strengthen diversity and inclusion through ensuring that there is ethnic minority representation in all recruitment selection process, at interviews and working as part of the team to improve staff experience.
	Access to detailed localised data to help the LMNS to understand what is taking place in each maternity unit and thus enable the LMNS to develop an action plan to mitigate the existing challenges and make a positive impact before the next round of survey, with an aim for year on year improvement.
	Develop a WRES action plan to improve the experience of the staff and system partners.

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

INTERVENTION 4:

Plan to co-produce interventions to improve equity for birthing people, babies and race equality for staff

Coproduction to improve equity in maternity services for both families and staff is an essential method for improving service quality. Effective strategies best created in partnership with involvement of all areas of the local maternity systems, including but not restricted to the NW London ICB, local provider trusts, maternity voice partnerships, local authorities, voluntary care sector organisations and wider community input. Listening to our stakeholders enables us to identify areas requiring improvement and will help to decipher what will work well at systems level and what will work well on a 'hyper-local' level.

NW London LMS are committed to reducing adverse experiences, outcomes and inequality for people from black, Asian and other minority ethnic backgrounds. Coproducing actions and interventions is in process to increase access and facilitate improvement in experience. While developing the plan, consideration has been given to hard-to-reach communities and excluded or disadvantaged groups with poorer outcomes.

Ongoing work in NW London undertaken by the maternity cultural safety group in 2022 is making inroads into reducing inequalities and inequities in the workplace. Since inception, this work stream has agreed to standards described in priority 4d intervention 1 .

LMS level involvement embedding cultural safety to the sector

Alongside local action plans, the NW London LMS Cultural Safety subgroup has identified areas where system level intervention can support trusts at a local level to support this, including but not limited to.

- An MTP project manager is assigned to the subgroup responsible for supporting monthly meetings.
- Support to ensure service user participation in the implementation of culturally safe practises via Maternity Voice Partnerships.
- Regular sharing events enable teams across NW London to learn from each other.
- Sharing of action plans, survey results, challenges and successes.

In NW London we have co-designed an involvement strategy which sets out how we will involve our patients and residents in all our work – not just when we are making a change but at every stage and with plenty of opportunities to help set the direction of travel. All engagement and co-production activities with stakeholder groups will be carried out in line with NW London ICB involvement strategy.

Our involvement charter sets out minimum standards for how we involve the public in the work of the local NHS. It was co-designed with over 100 residents through our EPIC (Engage-Participate-Involve-Collaborate) programme. The idea for a charter came from a member of the public and was enthusiastically supported by other residents. Having worked through the contents and standards with local residents and stakeholders, we published the charter to get wider views on the content. The version published here is the final charter and is now in use.

The involvement charter underpins our new engagement framework, which was co-designed through the EPIC programme and further developed via open meetings to discuss the challenges of vaccine hesitancy and outreach engagement with over 100 community groups. This includes holding regular 'collaborative spaces' where local communities and health and care professionals come together, recruiting lay partners to support key work-streams and a programme of outreach engagement to ensure an ongoing dialogue with our many local communities.

The feedback process is key, and NW London ICS has committed to building it into the ICS governance structure. Regular reporting will share what has been heard and how that feedback is shaping plans and services. The diagram below demonstrates how our engagement includes multiple sources of information being fed back and being acted on to improve care (figure 69).

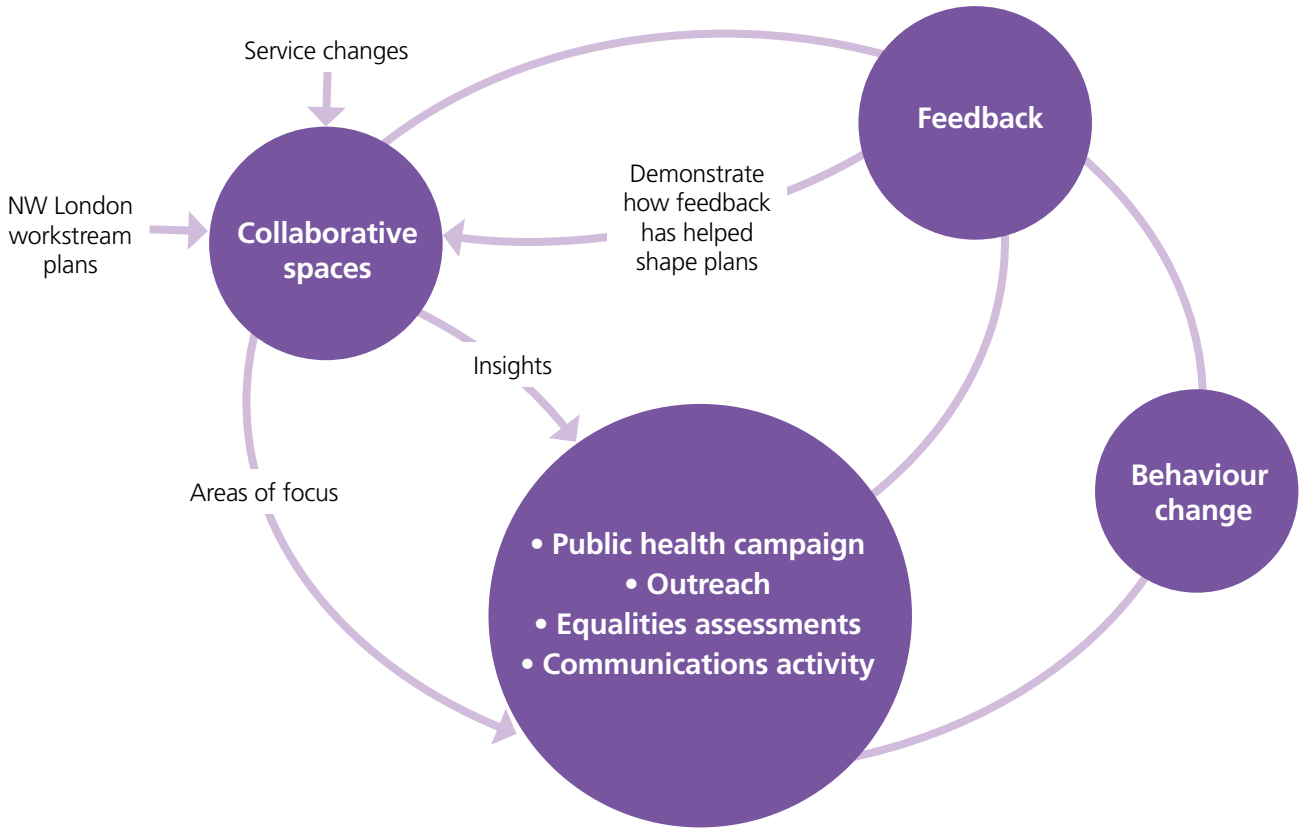


Figure 69

Co-production schedule:

With a focus on those known to be at significant disadvantage due to ethnicity and deprivation and an urgent need to improve outcomes for particular segments of our population, priority areas for co-production and engagement in 22/23 include, but are not limited to, the setting up of;

- Maternity Continuity of Carer teams
- Maternal and Fetal Medicine Networks
- Abnormally Invasive Placenta (AIP) Network
- Preterm Birth Clinics
- Smoke-Free Pregnancy Services

Incorporating the four pledges to improve equity for mothers and babies and race equality for NHS staff are priority areas. NW London is taking action to address the issues and barriers towards creating an inclusive, diverse and accessible service. By better understanding the population and the specific requirements of different cohorts, we are co-producing plans to ensure residents and maternity staff feel safe, supported, and able to feel confident that maternity services in NW London will cater to their needs and enable more methods for all to provide feedback.

Actions

The primary objective is to improve outcomes and create an equal and equitable maternity service that is of high quality for all.

To enable this to occur, relationships with the local population need to be established and grown. We want to increase involvement and engagement by including as much of the population as possible, to empower the communities by ensuring their voices are heard, and to demonstrate that actions are taking place to improve services. NW London LMS will do this by aligning to the laid out in the NW London ICS involvement strategy.

Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes	
Intervention 4: set out a plan to co produce interventions to improve equity for mothers, babies and race equality for staff.	Work in partnership across the ICS to reach out into the community and hear the views of our people.
	Targeted engagement focusing on MCoC, MMN, FM, AIP, Pre-term Birth & Smoke free pregnancy.
	Support development of ICS strategy and population health and care inequalities strategy by ensuring public involvement in ICS/ICP decision-making.

continued...

continued... **Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes**	
Intervention 4: set out a plan to co produce interventions to improve equity for mothers, babies and race equality for staff.	Working with local authorities to develop a coordinated programme of outreach and community research in our population in each borough, using population health and outcomes data, as well as existing grassroots community knowledge, to target specific communities as appropriate.
	Holding a weekly public maternity engagement feedback forum where residents and current or past service users can share experiences and suggestions about maternity services in NW London and hear more about the work going on to improve equity and equality.
	Holding quarterly 'collaborative spaces' in each borough: open community conversations where health and care professionals come together with the public and stakeholders to discuss healthcare issues. The agenda for these meetings will be co-designed with residents; it is important to recognise that issues raised unprompted by local people can provide important insights. (These conversations may be combined with existing arrangements at borough level where appropriate.)
	Enabling easy and accessible feedback from the public through an online survey in the form of a questionnaire about local Maternity services. With resulting data to be analysed monthly and shared at maternity transformation meetings and suggestions for improvements to be transparent to all trusts.
	Begin engagement with the workforce to share feedback on their staff experience within the maternity sector and share insight in maternity transformation meetings to enable opportunity to develop strategies for a more satisfied and engaged workforce. Working on building increased support for mental health and wellbeing and enable a more supportive, inclusive and diverse work environment at all levels.
	ICB to publish regular insight reports setting out what we are hearing from our residents.
	Ensuring that residents are represented and supported to participate equally on key ICS and borough-based work streams so that there are always a resident/patient voices in the room. Build on the success of the Imperial lay partner programme by sharing learning across the system.
	Working with public health directors to deliver integrated public health campaigns on agreed topics.

continued...

continued... **Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes**	
Intervention 4: set out a plan to co produce interventions to improve equity for mothers, babies and race equality for staff.	Specifically target and work with groups with specific needs, including people with long term conditions, black and minority ethnic communities, people with disabilities including people with learning difficulties and autism, traveller communities, children and young people, older people, mental health service users, LGBT communities, family carers and others. This work will be carried out at borough level, based on local health data and insights.
	Ensuring NHS service change programmes and key ICS and borough-based work streams carry out appropriate public involvement or consultation – this work can be led at Trust, provider collaborative or ICS level as appropriate.
	Ensuring that our duties under equalities legislation are met and exceeded by putting in place ICB oversight of equalities impact assessments, conducting appropriate gap analyses of which communities and groups we talk to.
	Recognising digital exclusion by ensuring a good mix of in-person and online engagement with people and communities.
	Use our 3,800-strong, demographically representative Citizens' Panel to deliver surveys and focus group research across the ICS and to disseminate healthcare information.
	Developing and maintaining a strong focus on hearing from people who are furthest from decision making by working with grassroots community organisations, charities, churches, employers, schools, patient groups, MPs and councillors, Healthwatch and residents' associations to maximise our reach in to local populations.
	Coordinating social media activity across the sector, especially on maternity public health campaigns, service change programmes and promoting public events and involvement opportunities. We will use a multi-channel approach, including film and infographics, to get information across.
	Continuing to work proactively and reactively with the media so that we can communicate important messages to local people and other stakeholders.
	Developing our single website housing ICB and ICS content and this site will link to all partner organisations' websites. Which incorporates information about Maternity.
	This is a three-year strategy, which will be iterated depending on insights and developments in year one. Year two and three objectives will build on year one, with specific objectives to be added depending on insights received, specific ICS/ ICB programmes and population health and care metrics.

Priority 4b: Action on perinatal mortality and morbidity

INTERVENTION 1:
Implement maternal medicine networks to help achieve equity

NHS England has an aim of reducing maternal deaths by 50% by 2025. Recent reports highlight that many incidents resulting in maternal or fetal death were as a result of pre-existing medical conditions that could have been avoided. With the correct level of care and intervention, including better education in the pregnancy planning stage, conditions during pregnancy can be managed appropriately.

To support this aim, national Maternal Medicine Networks (MMN) with regional hubs have been established. The NW London LMS has two hubs each catering for different specialist services for medical and foetal complexities within the region. The NW London MMN shares expertise across the region through satellite meetings, clinics, and clinical teleconferences, facilitating easy access to clinical opinions. A wide range of specialties (neurologists, gastroenterologists, oncologists, rheumatologists, anaesthetists, obstetric physicians, obstetricians) are available to give expert opinion to ensure the safest management for women and babies.

Through the commissioning of MMN services, medical, obstetric, and midwifery expertise will now be available across the region. Plans are in place for collaborative working across all NW London maternity service providers to ensure equity of access to specialist care, to increase multidisciplinary staff education and awareness, and to reduce barriers to access caused by social determinants. The networks will enable pregnant women and their babies with complex medical needs to be cared for at their local trust by their local clinicians with advice and input from a specialist clinician in the relevant field. The service will see specialist obstetricians caring for women in the communities where they live.

Antenatal reviews and appointments are tailored according to condition and individual needs. However, the network is working hard to ensure that care is offered as close to the woman's preferred place of birth as possible. The network is looking at ways of supporting women with the cost of travel by ensuring transport is available and by combining blood, ultrasound, and antenatal clinic appointments.

The NW London LMS has two hubs each catering for different specialist services for medical and foetal complexities within the region. The NW London MMN shares expertise across the region through satellite meetings, clinics, and clinical teleconferences, facilitating easy access to clinical opinions.

Fetal medicine network (FM) and Abnormal invasive placenta (AIP) network

NW London is fortunate to have two highly regarded centres for fetal care (CFC) in the region. Both CFCs provide the most advanced fetal medicine and AIP services in London. In the past year, all the NW London trusts have come together to strengthen the pathways for fetal medicine and abnormally invasive placenta.

The fetal medicine network has fetal medicine subspecialists working in five out of the six hospitals in the region with a plan to establish a presence in the last remaining hospital. This will allow women to be seen closer to their place of antenatal care. The network has an established multi-disciplinary team meeting bi-monthly where cases are discussed across the region, supporting diagnosis and education within the teams. A scoping exercise to find out how much fetal medicine work is taking place in each hospital is underway to accurately assess the capacity and demand from each hospital. A fetal medicine on call service has been commenced 24 hours per day, 7 days per week to allow clinicians to discuss admissions across the region where specialist fetal medicine input may be required. Fetal medicine key performance indicators are being confirmed with the national team and will include ethnicity and deprivation scores to inform the services.

Abnormal invasive placenta (AIP) is where the placenta (afterbirth) attaches deeply within the womb, and it becomes difficult to remove when giving birth. It is an uncommon diagnosis but requires specialist ultrasound scanning with experience in AIP, increased antenatal visits, and a multi-disciplinary specialised team available for delivery. Only hospitals where intervention radiology is available (to stop bleeding) deliver those diagnosed with the condition, as there is an increased rate of death and co-morbidities for women with the condition.

Bi-monthly multi-disciplinary team meetings (MDT) occur across the region to discuss cases and plans for women. Engagement with ambulance services is underway to improve pathways to take women to designated hospitals without delay. The experience can be traumatic, therefore women are contacted post-birth to offer debrief services and maternal trauma and loss services.

Co-production of services with maternity voices partnership for both FM and AIP is planned for early 2023. Both services will commence gathering data on the ethnicity and deprivation of women who are referred to the services in the coming year.

Fetal medicine and AIP are working towards providing an equal and equitable service across NW London by providing fetal medicine subspecialists in each hospital and an on-call service out of hours for specialist opinion. Clear pathways are being implemented to reduce risk in women with AIP, and both services are actively looking at co-producing information and pathways with service users by the end of 2022.

Action

The primary objective is to improve outcomes and create an equal and equitable maternity service that is of high quality for all.

To enable this to occur, relationships with the local population need to be established and grown. We want to increase involvement and engagement by including as much of the population as possible, to empower the communities by ensuring their voices are heard, and to demonstrate that actions are taking place to improve services. NW London LMS will do this by aligning to the laid out in the NW London ICS involvement strategy.

Priority 4b: Action on perinatal mortality and morbidity	
Intervention 1: implement maternal medicine networks to help achieve equity.	Engage with service users, clinicians and allied healthcare in the region to inform, educate and support their understanding and referral to any of the services of the MMN.
	Co-produce leaflets, posters and information with MVP to share within region.
	Review and strengthen online consultations to reduce unnecessary travel for women in the region.
	Complete ITU admissions audit including ethnicity and deprivation and present to regional and London region.
	Complete maternal death audit for the last 3 years , including ethnicity and deprivation data.
	Ensure that audit gathering is completed and submitted from each trust including ethnicity and deprivation data.
	Review stillbirth and NND monthly including ethnicity and deprivation data.
	Continue regular training and education programs in conjunction with the London networks.
	Update all Trust websites with information on maternal medicine networks for women.

continued...

continued... Priority 4b: Action on perinatal mortality and morbidity	
Intervention 1: implement maternal medicine networks to help achieve equity.	Provide education on maternal medical conditions to all clinicians including primary care, and any other health professional who may encounter women who have medical conditions and are of childbearing age.
	Map fetal medicine services across the region.
	Establish fetal medicine subspecialist in each hospital in the region.
	Establish maternity voices partnership presence for each services to co-produce services and information for women and birthing people.
	Agree London Ambulance transfer pathway for AIP
	Develop agreed key performance indicators
	Collect ethnicity and deprivation data on all women referred to fetal medicine and AIP services

With the success of the CGM pilot, the steering group responsible for implementation has evolved into a NW London Diabetes Clinical Reference Group. One of the first priorities for the group is to map service provision for monitoring and treatment of gestational, type 1 and type 2 diabetes in pregnancy and identify and address any gaps in service provision. Given the number of pregnant people in NW London and the predisposition of a large cohort of our population to diabetes, a key responsibility of this group is to ensure standardisation of good quality care, including prevention advice, and to ensure that resource provision in each borough corresponds to demand.

Action

Priority 4b: Action on perinatal mortality and morbidity	
Intervention 2: offer referral to the NHS Diabetes Prevention Programme to women with a past diagnosis of gestational diabetes mellitus (GDM) who are not currently pregnant and do not currently have diabetes	By April 2023, there will be pathways in place to refer women who have been diagnosed with gestational diabetes to the NHS DPP services.
	Quarterly reports to the LMNS on how many women with protected characteristics are referred to the service for follow up and whether they attended.
	All women who meet criteria for gestational diabetes screening according to NICE guidance are screened at the recommended gestations by April 2024 in all hospital trusts in the region.

Priority 4b: Action on perinatal mortality and morbidity

INTERVENTION 3:

Implement NICE CG110 antenatal care for pregnant women with complex social factors.

Pregnant women with complex social factors experience high rates of morbidity, mortality, and poor birth outcomes. The criteria for inclusion to be referred to as supportive services are different depending on each trust in NW London. It has already been recognised that caseload midwifery care appears to confer increased benefit and reduce harmful outcomes, and two trusts provide small caseload teams for very vulnerable women. Most women who fall into these disadvantaged groups receive care from safeguarding midwives, perinatal mental health, or community practise midwives.

Implementation of maternity continuity of care could improve this provision for the most disadvantaged groups, and plans for this are discussed in Priority 4c, Intervention 1.

A growing body of evidence demonstrates that women with severe and multiple disadvantages during pregnancy are likely to experience poor maternity outcomes. There is no definitive definition of severe or multiple disadvantages, but the listed criteria below have been used to define disadvantage criteria within NW London.

- Young motherhood
- Homelessness
- Difficulty speaking or understanding English
- Migrant or refugee status
- Domestic or sexual violence
- Mental illness
- Substance abuse.
- Involvement with the criminal justice system
- Involvement with the social care system
- Mental health

Within all the trusts in NW London, there are established and collaborative safeguarding and perinatal mental health teams to support the maternity services with advice and guidance on caring for vulnerable groups.

All the trusts within the region have different criteria to refer to services depending on their population and the number of women who fall into severe or multiple disadvantages. It is recognised that one pathway for all criteria would be beneficial across the region. Chelsea and Westminster NHS Trust is

piloting a tool alongside two other trusts within London, which traffic lights referral depending on the vulnerability of the woman. This tool is being evaluated at present but may standardise the approach all the trusts are using if effective.

The ICS recognises that there are varying levels of data on women with severe and multiple advantages during pregnancy being gathered across the region but not being reported to the LMS and that this is a priority to ensure equitable and equal services throughout the region. By 2024 all trusts in NW London will be using patient information systems that enable centralised data extraction and sharing.

The ICS needs to understand its population and, most importantly, understand its most vulnerable groups, such as pregnant women with complex social needs, to be able to support them and give them the best outcomes during their pregnancy and birth. While recognising that some data is presented to different committees in NW London, not all data requested by NICE CG10 is included and this must be a priority going forward.

Action

Prioroty 4b: Action on perinatal mortality and morbidity	
Intervention 3: implement NICE CG110 antenatal care for pregnant women with complex social factors.	Establish maternity safeguarding clinical reference group.
	Scope and analyse the range of complex social information available from ICS data sets.
	Develop key process and performance indicators to establish the impact of social complexities on pregnancy and birth outcomes.

Priority 4b: Action on perinatal mortality and morbidity

INTERVENTION 4:

Implement maternal mental health services with a focus on access by ethnicity and deprivation.

Research has consistently shown that maternal mental health difficulties during pregnancy and the year after delivery are extremely common and, if untreated, are associated with pregnancy complications and negative outcomes for both mother and baby, including impaired mother-infant bonding (Kimmel, 2020).

Mental health issues are linked to poor outcomes for women, their babies, and families. There are also high costs to health and social care, quality of life losses and productivity for women, and across education, criminal justice, and productivity losses when examining the future impact on children. The cost of associated mental health issues nationally has been estimated at five times the cost of improving perinatal services (Bauer et al. 2016) by condition.

Approximately 1,500 pregnant people per year with serious and long-term mental health needs are seen in existing perinatal mental health services in NW London. The statistics show that around 25–34% of births are reported as traumatic, but not all pregnant people will go on to develop post-traumatic stress disorder (PTSD).

Approximately 1,500 pregnant people per year with serious and long-term mental health needs are seen in existing perinatal mental health services in NW London.

The NHS long term plan recognises the benefit and improved costings of developing a service for women who develop moderate-severe mental ill health from loss or trauma due to their maternity experience. In 2020, it was estimated that approximately 2,145 pregnant people (7% of total births) needed some mental health support to overcome the negative effects of issues such as previous perinatal loss, birth fear (tokophobia), and birth-related trauma. This cohort of pregnant people fell into the gap between severe or serious mental health needs and routine mental health support. NW London ICS successfully bid to become a fast-follower site for the implementation of maternal mental health services to meet the needs of this population.

The newly designed service, named NW London Maternity Trauma and Loss Care (M-TLC) service launched in July 2021 to identify and assess moderate-severe/complex mental health needs associated with loss and trauma in the maternity context (including, where appropriate, difficulties in the parent-infant relationship) and provide targeted interventions, advice, and signposting. Service delivery is through an innovative and ambition multi-provider collaboration between two mental health trusts, West London NHS Trust and Central North West London NHS Trust, and four hospital acute trusts with six maternity units.

Co-production with service users was key to the initiation of the service, and a third-party party, Cocoon, was engaged to support the engagement across NW London. Cocoon is a London-based charity that supports those affected by ante- and postnatal depression, and those struggling to deal with difficult emotions before and after birth. The first scoping of maternity services, existing perinatal mental health services, and local charities and support organisations occurred as part of the implementation.

The service model integrates specialist clinical psychological therapists, with the mental health trusts, working in partnership with specialist mental health midwives employed by each of the maternity service providers, covering the entire birthing population in NW London.

Clinicians offer medium-term interventions up to 24 sessions, virtually or face-to-face. Psychological therapists adopt a formulation-based approach and may utilise different psychological approaches to suit a client's presentation and preferences. Midwives offer specialist midwifery support, including detailed birth planning, relaxation and grounding exercises. Pregnant women are able to access both psychological and midwifery support if this is clinically indicated.

Women and birthing people can be referred to M-TLC by a healthcare professional or by completing a self-referral form. New referrals are discussed in the multidisciplinary team meeting, and those who are eligible for the service are offered an assessment. Clinicians, especially midwives, work across the region and part of the challenge of the service is the different IT, reporting and governance structures in each trust.

The first evaluation of the service was reported in May 2022, and the results were good, although only a few women had completed their full treatment plans by the time of the evaluation. Ethnicity was recorded as part of the referral process but not IMD, and this is something that will be documented in the future. Figure 70 gives a breakdown of referrals per council. At the time of this evaluation, some of the trusts had just recently established the service, so differences in percentages may change going forward.

The majority of referrals received were for perinatal trauma or perinatal loss, with a smaller proportion presenting with Tokophobia. As half of the referrals received were for women and birthing people who were pregnant, it follows that a significant proportion of women and birthing people were referred to the service for pregnancy following loss or traumatic birth. The high proportion of referrals who were pregnant also reflects the phased service roll out to maternity units in the first instance, with the promotion of the service to wider primary and community healthcare services planned for 2022/23.

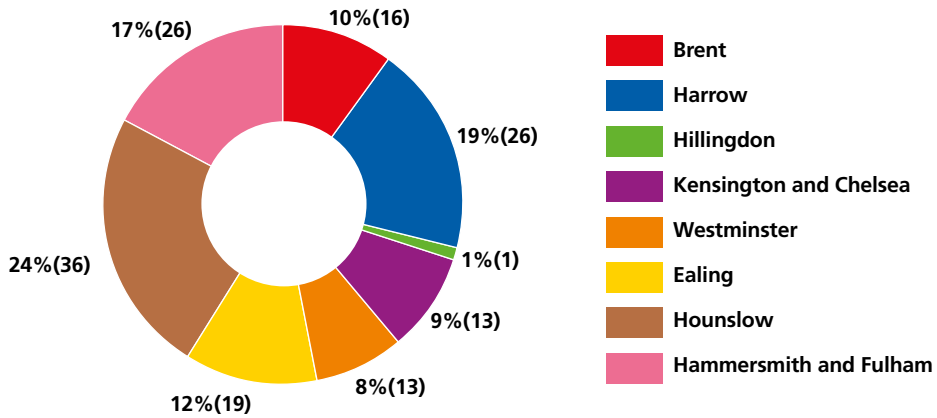


Figure 70

Ethnicity is reported differently by the mental health services, therefore there are two graphs below with user ethnicity. The majority of users of CNW London and WLT were white British or white other (figures 71 and 72). However, the service is mindful that some of the NW London boroughs are estimated to be over 50% Black and Asian minority ethnicity and will be taking steps to improve ethnicity recording and monitor access by ethnic group during 2022/23 and develop targeted outreach to these communities to promote the service.

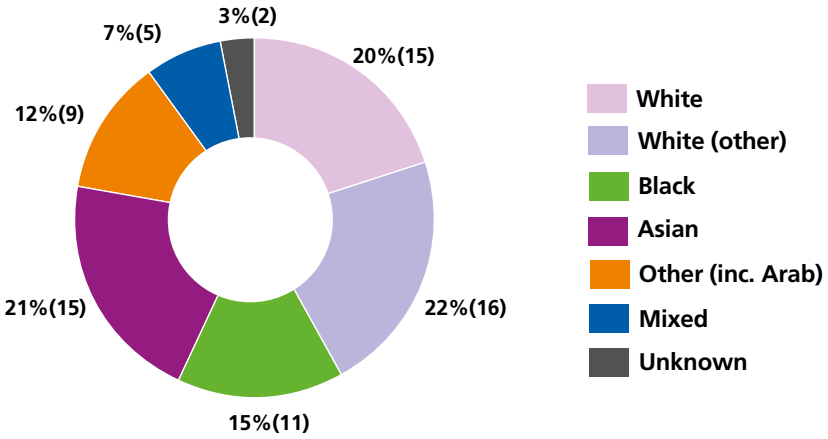
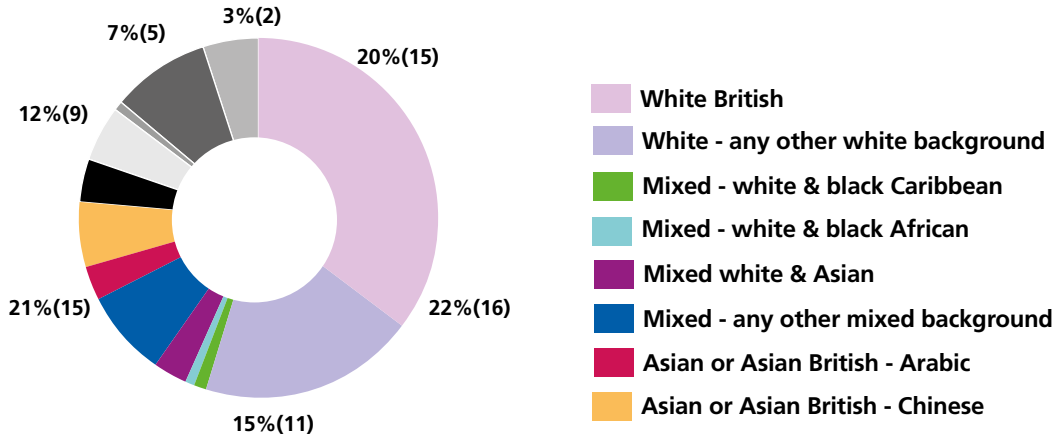


Figure 71: ethnicity of MTL-C service users at CNWL, 2021



Key is missing some data from the original?

Figure 72: ethnicity of MTL-C service users at West London Trust, 2021

Whilst there is limited data available at present, the findings suggest that the majority of people referred have good outcomes within M-TLCS. Feedback provided within the M-TLCS user satisfaction survey was very positive about the service and its impact on their wellbeing (included in the evaluation report). It is recognised that it is beneficial for women and birthing people receiving M-TLCS care that the trusts work together in delivering a single service. Staff also feel that developing and launching this service has been a great achievement and there are clear advantages from all the providers working together, not least in being able to provide different insights and perspectives as well as share areas of good practice.

Action

Prioroty 4b: Action on perinatal mortality and morbidity	
Intervention 4: implement maternal mental health services with a focus on access by ethnicity and deprivation.	To improve data quality across the MMHS service including ethnicity and IMD.
	To re-evaluate the service in April 2023.
	To develop a programme of mini audits for the service.
	To promote to GPs and wider primary and community services.
	To further develop relationships with community organisations – accessing representative population.

Priority 4b: Action on perinatal mortality and morbidity

INTERVENTION 5:

Ensure personalised care and support plans are available to everyone.

NW London LMS is working towards ensuring equity in access, experience, and health outcomes for women from black, Asian and minority ethnic groups and those living in the most deprived areas. The continuity of care teams and the implementation of personalised care are central to these plans.

The Better Births report and the NHS Long Term Plan have emphasised the importance of personalised care in maternity services. This will be achieved by providing evidence-based information, offering informed choice to the service users and including them in the decision-making process. In March 2021, the NHS also published national guidance for personalised care and support planning for maternity systems. It describes five technical criteria for maternity PCSPs, suggesting that each of them should involve ensuring women's and birthing people's views, decisions, preferences, cultural and personal needs are met.

1. People are central in developing and agreeing their personalised care and support plans, including deciding who is involved in the process.
2. People have proactive personalised conversations which focus on what matters to them, paying attention to their needs and wider health and wellbeing.
3. People agree on the health and wellbeing outcomes they want to achieve in partnership with the relevant professionals.
4. Each person has a sharable PCSP, which records what matters to them, their outcomes, and how they will be achieved.
5. People are able to formally and informally review their PCSP.

Securing funding for the training the maternity staff needs (figure 73) has been one of the three key areas NW London ICB has focused on. The three areas are:

1. Transform service delivery by embedding PC into MSK elective recovery.
2. Supporting People in the Post-Covid Pathway
3. Deliver improvements in maternity care.

SMART GOAL OR OBJECTIVE Specify what will be achieved	MEASURES
i. MDT staff in maternity to be trained for the successful implementation of a Motivation Interviewing faculty in NW London Maternity services.	15 MDT staff across NW London LMS attending train the trainer MI workshops to create a faculty. Training roster scheduled for delivery. NW London LMS MDT training dashboard to be monitored monthly.
ii. Increased uptake and usage of maternity PCSPs with implementation of PCSP training toolkit. Current usage (15,000 users & 5800 using PCSPs). (Birthing population 30,000).	Long Term Incremental rise to 80% of pregnant users (24,000) using a PCSP over 3 years as measured on NW London LMS PCSP dashboard to be reviewed monthly.
iii. NW London LMS MDT training dashboard to be reviewed monthly.	

Figure 73 SMART goals for increasing personal care planning, NW London ICB, 2021.

NW London LMS has planned actions to make certain the guidance is followed and after we meet the NW London ICB ambitions to personalise care. Starting with the training of the clinical staff in maternity services, the NW London LMS project team initially developed and shared a toolkit with tips to guide clinical staff on how, when and why it is important to use PCSPs. All maternity staff in NW London are asked to complete the Personalised Care Institute (PCI) dedicated maternity personalised care and support planning training module online as part of their mandatory training.

To enhance the quality of discussions between professionals and service users, we have also introduced Motivational Interviewing (MI) training. The MI method of interaction between healthcare professionals and service users adopts a counselling approach that involves enhancing the patient's motivation to change. The training has been well received and is available for all staff working in maternity and neonatal services. The training offer will continue to run throughout 2023, with ambitions to develop a sustainable in-house faculty of MI trainers to keep the momentum for MI going.

The LMS developed a communication strategy for staff, MVPs, and service users (figure 74) to raise awareness of personalised care plans across the sector. The recommendations of the strategy include:

Project Managers to facilitate virtual training sessions for LMS PCSP leads on multiple dates to cater for all availability	IT systems to be built to capture PCSP for maternity services in line with MSDS
PCSP leads to submit training plans to Project Managers for their units	MVP chairs to promote PCSPs and Mum & Baby App on their social media outlets as well as regular reminders at MVP meetings to birthing people
Project managers to support implementation and be there in an advisory role	Stickers to be placed on maternity notes and women informed to fill them out
Project Managers to send out promotional materials to leads (Cue cards, stickers and Maternity PCSP planner with Frequently asked questions on the back and link to video)	NW London supportive sign posters to be reminded of PCSP function and trained using toolkit
Video to be uploaded onto Hospital intranet sites for E-Learning purposes	Possible incentive scheme with staff to promote the use of personal care & Support plans in antenatal care
Promote digital personal care plans within mum & baby app to all women receiving maternity care	Project Managers to facilitate virtual training sessions for LMS PCSP leads on multiple dates to cater for all availability
Implement training plans submitted by trusts	Posters/leaflets in clinical areas alerting staff to personal care & Support plans and how to use them
Discuss personal care plans at midwifery mandatory training days and labour ward forums	Posters/leaflets in antenatal clinics/waiting areas advertising personal care & Support plans to women
Engagement with staff in all clinical areas (both inpatient and outpatient) to promote personal care plans	

Figure 74 NW London LMS Strategy for increasing use of PCSP in maternity.

The use of PCSPs is monitored monthly by the NW London LMS dashboard and the strategy is discussed during the monthly Pillar 3 meetings. Furthermore, the MSDS submission is partially met at present, being within the priorities in the digital strategy to improve maternity systems and data collection.

As discussed in priority 2, PCSPs are available in both digital and paper form. To follow a pregnant person's maternity journey in its entirety, the Mum and Baby mobile/web app offers four PCSPs in five different languages. All the information needed to support PCSP decision making, and completion is

available and easily found within the app content. The format of the PCSPs and content within the app are reviewed annually to ensure the evidence-based information is up to date. Service users are also included in the content review process as key partners in ongoing app development. The app also acts to provide measurement of digital PCSP uptake and usage.

NW London LMS has planned actions to prioritise PCSP use for everyone, focusing on those in greatest need. The pandemic has caused some delays in monitoring and evaluating those actions, however it is expected that implementation and monitoring will be picked up in the coming year.

Action

Prioroty 4b: Action on perinatal mortality and morbidity	
Intervention 5: ensure personalised care and support plans are available to everyone	LMS level audit of PCSP uptake at all maternity units as per national guidance.
	PCSP implementation evaluation, including deprivation and ethnicity breakdown on PCSP usage.
	Via the audit, evaluate the quality of personalised discussions.
	We will work with the Business Intelligence and Digital teams to improve data quality and MSDS submissions as well as upgrade our infrastructure and information systems in maternity.
	Review and continue monitoring the PCSP engagement and communication strategy.
	Devise a method to monitor PCI training compliance.
	Create a strategy for further incorporating the motivational interviewing approach into healthcare consultations.
	Explore and consider participation in the London regional personalised care working groups.
	The enhanced MCoC teams will aid in the implementation of PCPs for black, Asians, and minority ethnic groups, as well as those living in low-income areas.

Priority 4b: Action on perinatal mortality and morbidity

INTERVENTION 6:

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

Locally led transformation in maternity services is key in creating a system that caters to wide-ranging needs. Maternity Voice Partnerships (MVPs) work to influence and share in local decision making and are continuously taking steps to ensure members are representative of the diversity found in NW London.

NW London LMS has successfully co-produced maternity service improvements since the release of the Better Births report. Via the MVPs, ongoing collection of service user feedback is shared at trust and LMS board level meetings. Service users are invited to attend and encouraged to participate. Service user representation is aspired to on all LMS working groups. NW London MVP chairs are working closely with the programme team to develop a plan to define what meaningful co-production looks like which will include recommendations to ensure we have a robust and sustainable collaboration processes for the future.

The service user voice is critical in the design and improvement of high-quality maternity services. Maternity Voice Partnerships straddle the space between provider and community assets. There is a Maternity Voice Partnership group attached to each of the four maternity service providers in NW London. Service user membership to the group stipulates that you must have used that maternity service in recent years.

There is no geographical limit; the member can reside in any part of NW London or beyond. The MVP is made up of service users, service leads, and commissioners. The aim of the group is to work collaboratively to ensure that the user voice, as representative of the local community, is central to auditing and improving quality. At ICB level, the LMS engages with the MVPs to ensure the service user voice is present in all projects and initiatives.

The ICB hosts a monthly forum for members of the four MVPs to get together to share their local achievements and challenges and to stay up to date with system-level improvement projects. The MVP chairs have a rotational membership on the LMS board and have leads for each work stream to ensure that service-user voice is considered at every stage of maternity service transformation.

The ICB hosts a monthly forum for members of the four MVPs to get together to share their local achievements and challenges and to stay up to date with system-level improvement projects.

A current challenge for the LMS and MVP is reaching those from communities which we know are less likely to initiate engagement with NHS and local authority providers. Our ambition as an LMS and ICS is to ensure that all voices

are heard equally and that contributions towards service design are ethnically and demographically proportionate to the population. NW London MVP chairs, with programme team support are working on strategies to overcome barriers to inclusion. The LMS has joined forces with the communications and engagement team in the ICS and has recruited a dedicated maternity engagement lead to support our MVPs with widening participation.

Recognising that service users may want to contribute in alternative ways, the service user perspective is not limited to the membership of the MVP. The LMS works collaboratively with the ICB engagement team and utilises social media platforms to engage with the wider population.

The NW London MVP chairs have co-produced communication and recruitment materials (figure 103), which include an Eventbrite link to sign up and capture individual data to ensure the group is representative of the demographic. This now includes the option for new members to state their ethnicity and partial postcode. This has been standardised across all the NW London MVP pages and all now have access to an Eventbrite account to use for events and to capture this data for new sign-ups on a rolling basis. See below for example.

Maternity Voice Partnership (MVP)

Figure 75 NWL MVP co-produced posters to increase awareness and membership of MVP, 2022.

MVP accessibility must be equitable without putting any people or communities at a disadvantage. Aware of the potential for digital exclusion, it will be ensured that there continue to be information circulated on how to connect in multiple formats regardless of the ability or not to use a rolling sign-up system.

We are aware that people from black, Asian and other ethnic minority groups may not engage with services or may have a poor experience within maternity services. Utilising the Maternity Voice Partnership as a method of including the population and prioritising those who represent the views of the local minority ethnic groups helps us to ensure that the services can reflect the needs and preferences of the population.

A strategy to create a more robust and accessible system for MVP involvement and more diverse service user representation across NW London is being designed, taking into consideration plans outlined in Better Births alongside NICE guidelines and National Maternity Voices. In September 2022, the MVP at ICHT successfully recruited an MVP Social Media Manager and an MVP Event Manager from their service users to work alongside the MVP co-chairs to help increase engagement and participation.

Formative plans are in evolution where, alongside MVPs, a newly established network will be created with regular contact and further involvement of local systems, including:

- Maternity staff; midwives, obstetricians, neonatal nurses
- Student Midwives
- Local Authority public health team
- Local providers such as ambulance services across NW London
- Mental health providers
- Local community groups (focussing on seldom heard communities)
- Faith groups
- VCSE
- Service users past and present.

This collaborative involvement aims to collate information and understand how we can improve over time, ensuring all parts of the system are included to develop an effective and inclusive service that represents and is tailored to the NW London population.

Action

Prioroty 4b: Action on perinatal mortality and morbidity	
Intervention 6: ensure the MVPs in your LMS reflect the ethnic diversity of the local population, in line with NICE QS167	A strategy to create a more robust and accessible system for MVP involvement and more diverse service user representation across North West London is being designed.
	Formative plans are in evolution where, alongside MVPs, a newly established network will be created with regular contact and further involvement of local systems and people.

Priority 4b: Action on perinatal mortality and morbidity

INTERVENTION 7:

Establish a perinatal pelvic health service

Perinatal Pelvic Health Service (PPHS) Pilot

The LMS continues to identify opportunities to improve health outcomes and access for service users and as such applied for and was selected to be one of the fourteen sites in England to pilot this service. The pilot aims to provide a specialist pelvic health clinic at each of the 4 acute trusts for service users who sustain injury to their perineum and/or have pelvic floor dysfunction post childbirth. The service will be opened to all expectant and new mothers up to one-year post delivery.

In 2020, a specialist pelvic health service existed at only one of our four providers. Aware of the cost of travel to a single provider site, the time pressure on new mothers and mothers with more than one child and personal or family obligations, the LMS took this opportunity to make the provision of this service equitable across the sector. The aim of the perinatal pelvic health service pilot was to extend to each acute provider to ensure that specialist care is given closer to home.

Since June 2022, clinics are now successfully running at all four of our acute trusts and specialist staff have been recruited to support the service across the sector. Clinicians from across NW London have come together to establish a NW London PPHS clinical network to share knowledge and resource through NW London. New specialist staff are being supported and upskilled to provide the specialist treatment and care to the users of this service. The pilot is also providing resource to enable equitable provision of specialist equipment needed by these clinicians to run this service.

The NW London PPHS network hosts pelvic health specific antenatal and post-natal sessions for pregnant people in the geography which has been well attended and has had positive user feedback.

Actions

Prioroty 4b: Action on perinatal mortality and morbidity	
Intervention 7: establish a perinatal pelvic health service	Work towards national KPI's related to service.
	Service evaluation including birthing people's experience of PPHS.
	Provide education for staff on the service and pathways of care.

Priority 4c: Action on perinatal mortality and morbidity

INTERVENTION 1:

Implement targeted and enhanced Continuity of Carer support, as set out in the NHS Long Term Plan.

This will prioritise women from black, Asian and minority ethnic groups and women living in deprived areas, with 75% of women in these groups receiving Continuity of Carer support by 2024 in the form of additional midwifery time.

Maternity Continuity of Carer

Maternity Continuity of Carer is one of the five national priority clinical areas of focus in the Core20PLUS5 ambition, which aims to reduce inequalities in healthcare services and improve health outcomes. Ensuring continuity of care for 75% of pregnant people from black, Asian and minority ethnic communities and those living in the areas of highest deprivation is a key target for NW London LMS.

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 Continuity of Carer to be the default model of care for maternity services and available to all pregnant people in England. Where safe staffing allows and the building blocks are in place, NW London maternity service providers are developing plans to demonstrate how this will be achieved. Trajectories will be set in late 2022.

NW London MCoC teams will be prioritised for roll out in the highest areas of black, asian, and minority ethnicity populations and the postcodes of the lowest deciles as mapped in our earlier analysis. This ensures that we target pregnant people who are most likely to experience adverse outcomes first.

Midwifery Continuity of Carer (MCoC) has been proven to deliver safer and more personalised maternity care.

The Continuity of Carer (MCoC) has been a key priority for NW London maternity service providers since 2017. NW London LMS were Early Adopters, implementing MCoC case loading teams through a two-year pilot scheme. Following the successful completion of this pilot, more teams with different models were put in place across the NW sector to meet the various needs of our population (figure 76). In 2020, we completed an assurance report, summarising the different models and identifying gaps in our services. This was followed by an audit to evaluate the quality of care we provided. The audit showed that 51% of the birthing people booked onto MCoC teams were from black, Asian, and ethnic minority populations. Read more about our journey to implement continuity of carer in the NW London Maternity Early Adopters programme evaluation (NWL ICB, 2019).

Model 1: Case loading	Model 2: Birth centre	Model 4: Hybrid model linked to Labour ward
Continuity through the full pathway	Originated with Birth Centres 2b: Adapted for other groups of women (high risk or mixed risk)	Continuity in community team linked with labour ward team
Team of 4-8 midwives	Team of 6-8 midwives	Community team 6.5 -8 WTE Labour ward 6 WTE
Buddy system – Named midwife and one buddy On-call system for birth	Named MW for AN and PN care, team approach to birth Shift –based provision of intrapartum care	Linked team approach
Caseload of 30-40 women (depending on risk)	Ratio of 1:60	Ratio of 1:50-1:80 (antenatal and postnatal)

Figure 76: Continuity models in use across NW London LMS- developed during Early Adopters Programme

In 2022 NHSE made a national recommendation to consider a pause to the implementation of MCoC as a result of increasing concern about staffing levels in maternity units across England. This has resulted in the temporary dismantling of some NW London MCoC teams.

However, all NW London maternity service providers were able to completed an NHSE submission describing the steps being taken to put in place the foundations to ensure that MCoC teams are successfully implemented in the future.

NW London LMS Summary of plans to implement MCoC in numbers (June 2022)

- NW London LMS aim is to implement MCoC as a default service by quarter four of 2026-2027
- The proportion of maternity service users expected to receive MCoC as a default service ranges from 66% to 91%, accounting for 17,745 women per year
- This service will include 63 MCoC teams
- 9 teams will provide enhanced models focusing on deprived areas
- 15 teams will care for a majority cohort of families from black, Asian, and Minority ethnic populations
- The trusts rated themselves against 13 building blocks, with the majority being in place, or partially in place.

More work required...

The training for skill mix, the co-production, and the payment system is a common area for concern for at least three of the trusts, while staffing is only partially in place for all of them. More exploration also needs the availability of estates to accommodate the clinics in the community.

During the analysis, the trusts used the national staffing tool in combination with the birth rate plus report to establish the gap for safe staffing numbers. This shows that the lowest number is currently 4 WTE and 32 is the highest. Recruitment is a key part of the future plans and it will be completed alongside the building blocks.

Finally, we have requested funding to apply for an enhanced model of care for four of the existing teams. NW London LMS is waiting for the final feedback from the peer and national reviews of the action plans and the assurance report.

Despite the recent announcement by NHSE that MCoC will no longer be mandated (Sept, 2022) NW London LMS is committed to implementing MCoC service for those who have the most to benefit from evidenced based improvements in outcomes. The LMS will continue to work towards having the building blocks in place that will allow MCoC to become a reality. NW London LMS will support the trusts' collaboration and will continue to monitor MCoC numbers by deprivation and ethnicity on the monthly NW London maternity dashboard.

Best practice example...

One of the steps being taken is to ensure that midwives are equipped with the skills for working in continuity teams. NW London LMS have funded a bespoke coaching programme delivered in collaboration with London City University and the Midwifery Unit Network (MUNet.) This training aims to empower team leaders to support their teams to work as autonomous units, enhancing communication between team members and the population they serve. The programme runs for one year, to increase sustainability, once completed the students have the opportunity to be involved in training the next cohort of students. Read more about midwifery coaching initiatives in NW London in the NWL early adopters toolkit nw_ea_toolkit_final_june_19 (NWL ICB, 2019).

Action

Prioroty 4b: Action on perinatal mortality and morbidity	
Intervention 1: implement targeted and enhanced continuity of carer, as set out in the NHS Long Term Plan. This means that, as continuity of carer is rolled out to most women, women from Black, Asian and Mixed ethnic groups and women living in deprived areas are prioritised, with 75% of women in these groups receiving continuity of carer by 2024. It also means ensuring that additional midwifery time is available to support women from the most deprived areas.	NWL LMNS works collaboratively with system partners to have a clear strategy for the implementation of MCoC. The action plan has several recommendations.
	Targeted staff and service user engagement strategy including staff workshops and open forums focusing on the building blocks work closely with MVPs and service users in engaging the hard to reach groups of population and promote co production.
	ICS review of estates, to ensure that procurement of estates for provision of maternity services in community locations is fair and equitable across the system. With hubs located in areas of greatest need.
	Coaching training will continue for second year aiming to receive train the trainer sessions to gain sector wider trainer to cascade the training in future. We also aim to implement the principles and create a new culture across the sectors.
	We are also planning a further analysis of the MCoC audit is planned to take place by the end of the year in order to evaluate the service for 2019-21.
	Upgrade the infrastructure and the information systems to improve use in the community.

Priority 4c: Action on perinatal mortality and morbidity

INTERVENTION 2:

Implement a smoke-free pregnancy pathway for mothers and their partners

As the demand for NHS services continues to grow, the NHS long term plan sets out clear commitments for NHS action to improve prevention by tackling avoidable illness. Supporting patients, service users and staff to overcome their tobacco dependence will not only provide improvements in their health but also reduce health inequalities and demand on services by reducing the number of smoking-related admissions and readmissions.

For both mother and baby, smoking in pregnancy is the main modifiable risk factor for a range of negative outcomes for both. Women who smoke during pregnancy are twice as likely to experience a stillbirth, up to 32% more likely to miscarry, and babies born to smokers are three times more likely to suffer from sudden infant death syndrome. Smokers who access behavioural support to quit, combined with stop smoking medication, are three times as likely to quit as those without.

Therefore, the following national requests were made of maternity services in England:

MatneoSIP:

- Access & referral to smoking cessation services
- Developing system wide pathways for smoking cessation in pregnancy
- Continuing the pathway to ensure babies are discharged to a smoke free home
- Contribute to national target of increasing the proportion of smoke-free pregnancies to 94% or greater by March 2023.

Long Term Plan:

- Implementing a model to be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments
- Make sure that every pregnant woman is offered face-to-face support to help her stop smoking which will benefit not only her, but also her unborn child.

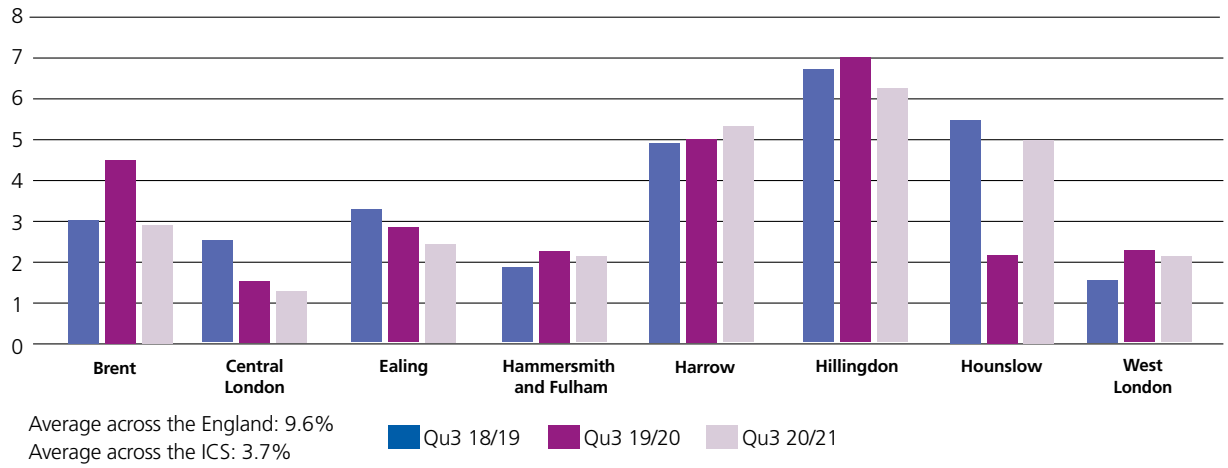
Saving Babies Lives Care Bundle v2

- Reducing smoking during pregnancy by administering a Carbon Monoxide (CO) test at the antenatal booking appointment to identify smokers (or those exposed to tobacco smoke) and referring them to a stop smoking service/specialist as needed.

Smoking cessation services are provided by the eight NW London boroughs and provision varies in each trust. (For a complete breakdown, see the community assets spreadsheet and the NW London GAP analysis.) Currently, two of the trusts host their local authority led provision in-house, whilst the remainder refer outwards to the community. Although NW London has been demonstrated to have low smoking rates, it has been established that the current model does not cater for pockets of high prevalence or cultural specificities, and therefore has not been effective for the needs of the population.

Smoking Status at Time of Delivery [SATOD] (figure 77) data extrapolated for NW London by NHS Digital showed the prevalence of smokers by borough over the previous three years to be at its highest in Hillingdon, Harrow, Brent and Hounslow, with the highest rates sitting just above 15% of new mothers smoking at delivery.

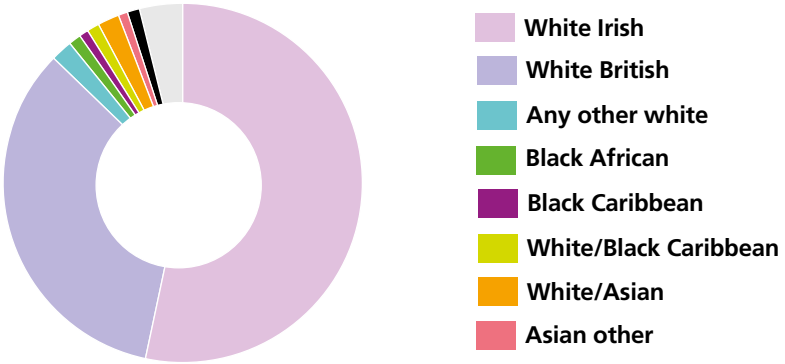
Figure 77



In 2021, the outer boroughs of Hillingdon, Harrow, Brent, Ealing, and Hounslow made up 81.1% of the live births in NW London and the Asian/British Asian population accounted for the largest percentage. The overall majority of pregnancies and live births to smokers this year in NW London were to white women.

Current data manually extracted by each LMS Trust provides an insight into the vast demographic represented in the sector (figure 78). The two largest populations are from White backgrounds.

Ethnicity of pregnant smokers at booking in NW London, 2021.



Key is missing some data from the original?

Figure 78:

A key concept that will inform the setup of services that our population engages with and best serves them is an understanding of the cultural differences. e.g., Asian pregnant people may be more likely to live with extended family like parents-in-law who are smokers rather than the pregnant person being the smoker themselves. Therefore, having a tobacco cessation service that could provide support to the whole family would be a preferred approach.

The LMS is working in partnership with the ICB Tobacco Cessation Programme (TCP) to offer in-house smoking cessation services with in an acute setting for in-patient, mental health and maternity services in NW London via a trust led approach. The NW London TCP has a steering group which includes representatives from all NW London acute hospital trusts and smoking cessation providers in each local authority. The steering group will work collaboratively to provide a robust, culturally sensitive service to all service users at each trust. It will work to ensure a smooth transition of service users discharged from acute settings into local authority services, particularly for out-of-area service users, and to provide services for service users whose partner or family member is the primary smoker.

Action

Prioroty 4b: Action on perinatal mortality and morbidity	
Intervention 2: implement a smoke-free pregnancy pathway for mothers and their partners	Agreed sector wide guideline for tobacco cessation services for service users of maternity services and acute providers.
	Establish in house tobacco cessation services that work collaborative across services/specialities/departments developing system wide referral pathways.
	Create and cement referral links between acute/maternity providers and local authority lead tobacco cessation services to ensure babies are discharged to smoke free homes.
	Aid transformative options to facilitate data collection with ease to monitor the KPIs set out by MatNeoSIP, Long Term Plan, SBLv2 and those that are agreed at the NW London ICB Tobacco steering group including ethnicity and IMD of smokers.
	Improve data collection on White other ethnic groups.

Priority 4c: Action on perinatal mortality and morbidity

INTERVENTION 3:

Implement an LMS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas.

Evidence shows breastfeeding has a significant impact on the short and long-term health of women and infants (UNICEF BFI, 2022). Breastfeeding is a public health priority and an investment in every child's future.

Improving the UK's breastfeeding rates would have a profoundly positive impact on child and maternal health. For example, increasing the number of babies who are breastfed could cut the incidence of common childhood illnesses such as ear, chest, and gut infections and obesity. The advantages for mothers include a lower risk of breast and ovarian cancer and fewer fractures due to decreased bone density (UNICEF BFI, 2022). The resulting healthier population has both social and economic benefits for society.

Traditionally, NW London has had a good provision of community-based and often peer-led infant feeding services, resulting in higher-than-average breastfeeding rates. As the LMS recovers from the Covid-19 pandemic, infant feeding has been identified as a priority area.

A key aspect of improving breastfeeding rates is the provision of face-to-face, ongoing, and consistent support to families across all public services and social support in the local community. The Baby Friendly Initiative enables mothers to receive this help within healthcare services, delivering a holistic, child-rights-based pathway for improving care. It provides the crucial impetus needed to raise standards to prioritise what is best for each child and mother and to provide an achievable roadmap for improvement.

All NW London maternity and neonatal services have a level of UNICEF Baby Friendly accreditation (figure 79 and 80). Each hospital has its own specialised infant feeding team, offering antenatal classes, inpatient support following birth and postnatal support at home and in our local children's centres.

Name of Hospital	UNICEF Accreditation Award
Chelsea & Westminster Hospital	Further assessment required
Northwick Park Hospital	Ongoing monitoring
Queen Charlotte's & Chelsea Hospital	Full accreditation
St Mary's Hospital	Full accreditation
The Hillingdon Hospital NHS Foundation Trust	Stage 2 Accreditation
West Middlesex Hospital	Re-assessment overdue

Figure 79

Community Services

Six of the eight NW London boroughs have UNICEF baby friendly accreditation (figure 80).

Name of Organisation	UNICEF Accreditation Award
Central London Community Healthcare (Hammersmith & Fulham)	Gold award
Central London Community Healthcare (Kensington & Chelsea)	Gold award
CNW London NHS Foundation Trust. Hillingdon Community Services	Stage 2 Accreditation
Harrow Community Services	Full Accreditation
London Borough of Brent Children's Centres	Stage 2 Accreditation
London Borough of Brent Health Visiting	Re-assessment overdue
London Borough of Ealing Children's Services	Stage 2 Accreditation
London Borough of Hillingdon	Intent registered

Figure 80

The LMS in partnership with the boroughs will work to level up accreditation across the sector, ensuring that no population or community is without access to infant feeding support in either acute or community settings. Eligible providers have sign up for extra support with UNICEF Baby Friendly Initiative accreditation process. A gap analysis of services across the sector, first undertaken in 2019 will be repeated, its findings used to develop a strategy for improvement.

Action

Priority 4c: Action on perinatal mortality and morbidity	
Intervention 3: implement an LMS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas.	Gap analysis to establish quality, quantity and consistency of infant feeding support across the sector, ensuring that no population or community is without access to infant feeding support in either acute or community settings.
	Develop ICS strategy for infant feeding.
	Strategy implementation.

Priority 4c: Action on perinatal mortality and morbidity

INTERVENTION 4:

Culturally-sensitive genetics services for consanguineous couples.

Consanguineous marriage is defined as the union between second cousins or partners more closely related. The term 'consanguinity' is unknown in some communities, with many referring to terms such as 'cousin marriage' or 'internal marriage' to describe these unions. There is a higher risk of congenital disorders in children of consanguineous parents, with a reported risk of up to double that of the general population (Merten 2019).

Consanguineous marriages are customary in many parts of the world. The highest reported rates of consanguineous marriages have been found in north and sub-Saharan Africa, the Middle East, and West, Central, and South Asia (Bittles & Black, 2010). Pakistan and India are among the countries with high rates of consanguinity, with more than 73% in Pakistan (Ijaz et al.,2017) and 5%–60% in India (Maheswari & Wadhwa, 2016). Within some of the NW London boroughs, families of South Asian descent are the highest percentage of the women who give birth in the region. Therefore, consanguinity may be present, the exact number unknown. Irish traveller groups are also known to have high levels of consanguinity (Barrett 2016) and these groups are also present across NW London.

Existing recommendations have focused on counselling when issues are identified in pregnancy, however it is the ambition of the LMS to offer preconception counselling and promote a wider understanding of the risks prior to intermarrying. Primary care is considered most appropriate to address the risk with couples who attend for counselling, and GP's can refer couples to genetic testing to fully inform them of risks prior to marriage.

It is the ambition of the LMS to offer preconception counselling and promote a wider understanding of the risks prior to intermarrying.

The NW London Genetic Service covers all the maternity service providers in the sector but does not at present gather data on its service users to understand the demographics of those within NW London.

Some studies suggest that increasing awareness could improve the understanding within communities affected and reduce the incidents of consanguinity (Merten 2019). Public health campaigns to raise awareness must include community engagement and co-design to ensure that there is respect for local beliefs and that it can be fully accepted within the community. Consanguineous marriage is seen in some communities to increase social, cultural, political, and economic benefits. Any campaign must take into account these issues. Engagement must be by community leaders, religious leaders of the community,

along with families and health professionals. A broad campaign with a multi-media approach is considered the most appropriate. Not targeting any particular community would avoid stigmatisation.

Several studies into consanguinity have highlighted that risks are not fully understood prior to marriage and that consanguineous marriage has social, cultural, political, and economic benefits other than just marriage. Decisions on who one marries may be taken by senior members of the family in some communities. To ensure that couples are aware of the risks, a campaign to highlight them should be run across NW London, not targeting any community. Referral to genetic counselling would be better with GP's.

Action

Priority 4c: Action on perinatal mortality and morbidity	
Intervention 4: culturally-sensitive genetics services for consanguineous couples.	Collect ethnicity and IMD data For those who use NW London genetic services.
	Establish a working group to run a campaign across NWL, include service users and a wide range of primary health care clinicians
	Co-produce information with service users from communities affected

Priority 4d: Support for maternity and neonatal staff

INTERVENTION 1:
Roll out multidisciplinary training about cultural competence in maternity and neonatal services.

The LMS established a cultural safety subgroup in 2021 with the scope to assist the NW London LMS in improving inclusivity within our maternity services for service users and our workforce. Each trust aligns with local equality, diversity, and inclusion (EDI) policy and workforce race equality standards (WRES) and plans for embedding cultural safety practises within the maternity team.

The group has agreed to the following set of standards:

Locally agreed standards

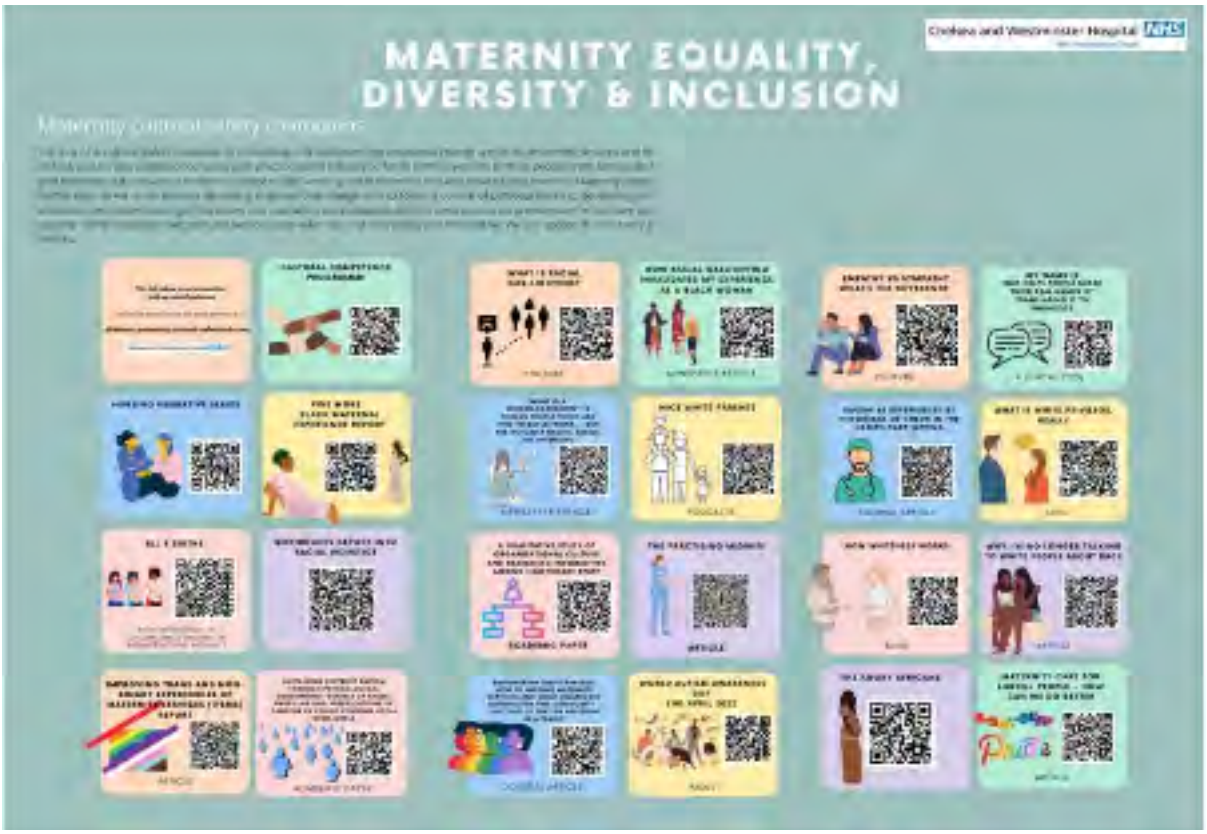
Delivery of cultural safety at trust or maternity unit level throughout NW London LMS should be guided by the following locally agreed standards based on the needs of our local populations:

1. Each trust to nominate up to two Maternity Cultural Safety Champions to attend monthly NW London meetings
2. Each trust to establish Maternity Cultural Safety Teams that meet regularly (monthly/ Bi-monthly)
3. Each Maternity Cultural Safety Team to develop ways to be accessible and visible to fellow staff and service users
4. All named Cultural Safety champions to undertake training in Cultural Safety, Anti-Racism, LGBTQ+ and Disability Cultural Safety Champions to gather and interpret local demographical data to establish good understanding of workforce and service user needs
5. Each Maternity Cultural Safety team to establish links with their local WRES and EDI teams and work collaboratively to review workforce and service equality processes
6. Each Maternity Cultural Safety team to establish links with their local Inclusion, Disability and Vulnerability officers and work collaboratively to review workforce and service equality processes
7. Each Maternity Cultural Safety team to work collaborate with existing BAME or ethnic minority and LGBTQ+ networks within their trusts
8. Each Maternity Cultural Safety team to work collaboratively with their Maternity Voices Partnership (MVP's) to ensure the voice of service users is heard, especially those from ethnic minority groups and those with protected characteristics.

The scope of this subgroup is to assist the NW London LMS as a whole and each constituent NHS trust and maternity unit to become fully compliant with the agreed standards. The subgroup has established cultural safety champions across the four NHS Trusts. Maternity Transformation funding award supports the creation of 1.8 whole-time equivalency (WTE) posts for cultural safety champions, equitably distributed across the LMS. Additional funding will also support the rollout of multidisciplinary cultural competence training. Neonatal staff are also invited to participate in the subgroup and identify their cultural safety champions.

The role of the cultural safety champions is to implement the standards to reduce inequalities and enhance respectful care and communication. Figure 81 presents an example of how the group is raising awareness of cultural safety. The next step is to develop a mandatory training package that will be delivered to midwives, obstetricians, neonatologists, neonatal nurses, and maternity support workers.

Figure 81



Davis, C. (2022) Maternity Equality, Diversity & Inclusion poster, Chelsea and Westminster Hospital NHS Foundation Trust.

The training rollout intervention about cultural competence will be completed in two stages:

1. Cultural safety champions and senior managers' training: the funding awarded will be used to offer formal training to cultural safety champions and senior managers across the four NHS trusts. The training courses chosen are the Cultural Competency and Safety Workshop by the Sheffield Maternity Cooperative and the LGBTQ+ Competency in Birth and Beyond by the Queer Birth Club.

   The Chelsea and Westminster NHS Foundation Trust has already successfully piloted these two training packages in 2021, which will now be available to the LMS. Each trust will also organise, with the support of their EDI leads, an internal training session on disability awareness. Currently, cultural safety champions are midwives, the LMS is working closely with neonatal leads and the neonatal care coordinators to involve them in the subgroup and encourage neonatal staff to take on the cultural safety champion role.

2. Development of cultural safety training package: cultural safety champions will develop a two-hour training package that will be delivered to midwives, obstetricians, neonatologists, neonatal nurses, and maternity support workers during mandatory training sessions.

Action

Priority 4d: Support for maternity and neonatal staff	
Intervention 1: roll out multidisciplinary training about cultural competence in maternity and neonatal services.	Recruit dedicated cultural safety champions in each maternity unit.
	Integrate cultural safety standards collaboratively with the neonatal colleagues.
	All maternity units cultural safety champions and senior managers to attend bespoke training.
	Roll out cultural safety training to all staff during mandatory education study days.
	LMS Cultural safety group to monitor, develop and provide assurance to LMS board of the implementation of LMS equality and equity strategy.

Priority 4d: Support for maternity and neonatal staff

INTERVENTION 2:

When investigating serious incidents, consider the impact of culture, ethnicity and language.

The NW London Maternity Serious Incident Oversight Group (MSIOG) was established in 2019. This group looks at all maternity serious incidents (SI) to facilitate and enhance shared learning from SI. The group also leads on sector wide audit and QI initiatives arising from risk. Since April 2021 all maternity SI are recorded with ethnicity and language status.

The risk management midwives from each Trust also submit the deprivation data separate to the SI report monthly to the MSIOG. All this information will be collated yearly to look at percentages of women from ethnic backgrounds and deprived areas who were involved in maternity SI. Collection and monitoring of perinatal mortality data including ethnicity, language and medical history, is overseen by the Maternal Medicine Network who feed into MSIOG. More work on improving data quality and analysis from the lens of equality and equities is planed for the coming year.

Since reporting commencement, there has been

100%

submission of ethnicity and deprivation by trusts in the region.

- Since sector-led reporting and review commenced, there has been 100% submission of SI reports correlated by ethnicity and deprivation from trusts in the region.
- The group presented a report on stillbirths and neonatal deaths from January to March 2022 to the LMNS board. The report looked at number of perinatal cases alongside ethnicity, deprivation, interpreter required and whether the woman had any medical problems. This was the first report that allowed us to capture both ethnicity and deprivation data from the deaths in real time and we will continue to report six monthly to the ICS.

Each quarter, the MSIOG meetings includes a representative from The Health and Safety Investigation Branch (HSIB) who provide feedback the findings on closed investigations across the sector. Discussion and learning is then distributed across the region.

Quality improvement audits occur throughout the year, their findings shared and action taken. The table below shows the list of QI projects ongoing and completed in NW London (Figure 82).

QI project	Nominated Trust/Site	Anticipated timeframe
Triage Helpline	London Wide	TBC at next meeting
Maternal Pulse monitoring in labour and management of 2nd stage of labour in a Low Risk MLU	ChelWest	Completed and presented at July 2022
Hyponatremia and fluid balance	ICHT	On hold due to updated guidance due in summer 2022
Management of Breech births and suboptimal outcomes	ChelWest	Completed and presented in March 2022
	LNWUHT	Ongoing
Overuse of syntocinon causing abnormal heart rates	ChelWest	Ongoing
Translation services	ICHT	Completed and presented December 2021
Risk assessment pathways- making every contact count	LNWUHT	Ongoing
Transfer delays- ward to ward and births in unintended place.	THH	Ongoing
PPH & MOH rates	THH	Completed and presented in March 2022
Dissemination of learning audit and improvement	ICHT	Ongoing

igure 82 NW London LMNS QI projects following MSIs

The MSIOG group undertakes an annual thematic analysis of all maternity SI and HSIB incidents to understand themes emerging across the region and present for discussion and learning ways to reduce these.

A continuous theme arising from previous reviews of SI across both the maternity and acute sector is translation services. NW London ICB is committed to improving patient experience, communication and quality of care across the region. The availability of and access to translation services in all clinical and community settings is being improved. In late 2022 the NW London ICB will be piloting a digital translation service tool for three months. The Cardmedic app aims to enhance communication at point of care by offering instant access to bespoke flexible communication support for patients with differing abilities, capacities, languages and educational backgrounds. This translating tool is immediately available to clinical practitioners at the point of care, removing language barriers that impede prompt and safe delivery of care. The pilot will be carried out in maternity and other departments across NWL ICB and the evaluation process at the end will reveal service users' and staff satisfaction. It will focus on credibility, usability and accessibility criteria.

Action

Priority 4d: Support for maternity and neonatal staff	
Intervention 2: when investigating serious incidents, consider the impact of culture, ethnicity and language	Improve accuracy of maternity IT system capture of ethnicity, language and IDM.
	Prioritise and monitor plans/ implementation of QI projects arising from SI.
	Conduct annual thematic analysis of serious incidents themes from across the sector.

Priority 4d: Support for maternity and neonatal staff

INTERVENTION 3:

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

The NHS Equality and Diversity Council pledged its commitment, to implement two measures to improve staff equality.

Since April 2015, the WRES and EDS2 have been included in the NHS standard contract;

1. Workforce Race Equality Standard (WRES) require organisations to demonstrate progression against a number of indicators of workforce equality, including a specific indicator to address the low levels of black, Asian and ethnic minority Board representation.
2. The NHS Equality Delivery System aims to help organisations improve the services they deliver for their local communities and provide better working environments for all groups.

NW London Overview

Workforce representation (Indicator 1)

Data for indicator 1 published in July 2022 shows that a slight improvement in the overall distribution of ethnicity across the workforce. However, significant gaps in the representation of ethnic minorities were identified in some of the trusts.

Recruitment (Indicator 2)

There is no data available exclusively for maternity and neonatal services regarding recruitment. The available data identifies the need to re-enforce the recruitment framework and inclusion of diverse panel members.

Disciplinary and Training opportunities (Indicators 3 and 4)

Improving sustainability and fair representation through staff support networks and safe space conversations is vital. As part of this improvement, monitoring workforce performance quarterly would enable identification of the gaps and development of a mitigation plan.

Staff survey - staff wellbeing and respect. (Indicators 5,6,7 and 8)

Although there are strategic plans in place to improve staff experience, no significant improvement has been noticed over the past 4 years. There needs to be an urgent revision of these plans which includes organisations ensuring that there are equal opportunities for training, career progression and promotion, including the provision of assurance that disciplinary process are warranted and fair. The new NHSE self-assessment tool for nursing and midwifery retention will also need to be implemented.

The chart below shows the updated ethnicity status of workforce data for maternity and neonatal on July 2022.

Breakdown % of NWL Acute Midwifery & Neonatal Staff by pay band and ethnicity

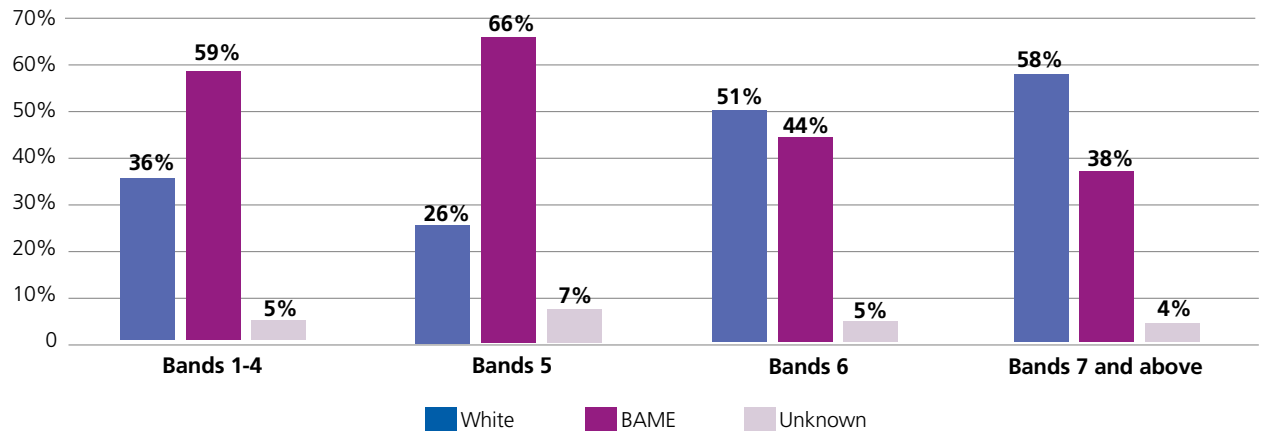


Figure 83

Breakdown % of NWL Acute Midwifery Staff By Ethnicity

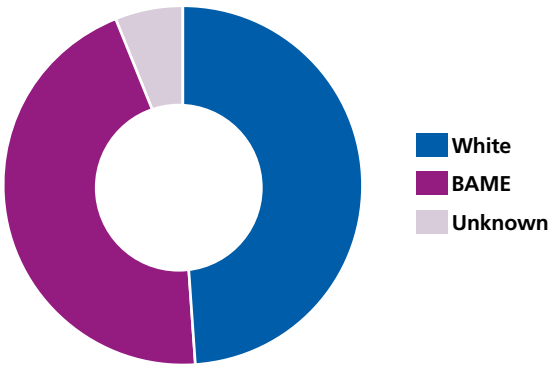


Figure 84

The figures below indicates the current status of all maternity service provider trusts in NW London.

Breakdown % of The Hillingdon midwifery and neonatal staff by pay band and ethnicity

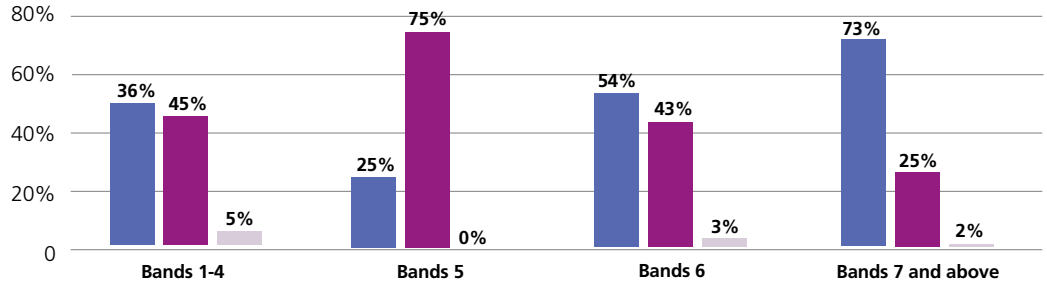


Figure 85

Breakdown % of London North West midwifery and neonatal staff by pay band and ethnicity

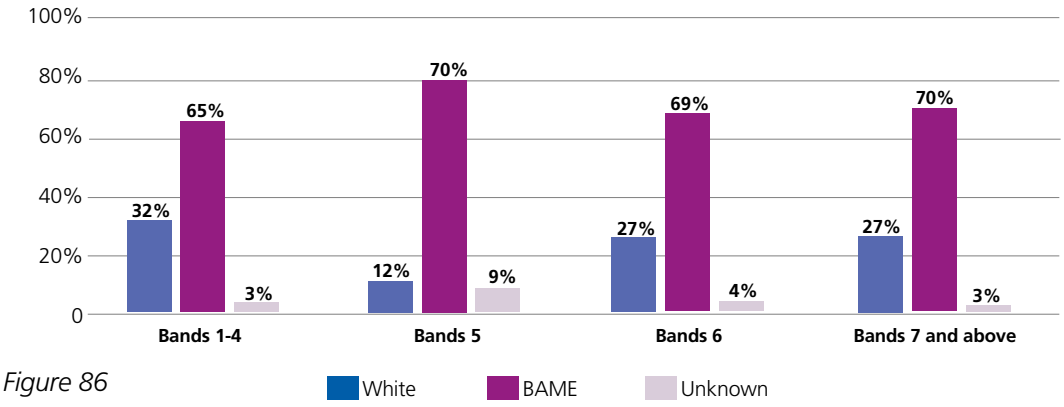


Figure 86

Breakdown % of Imperial College midwifery and neonatal staff by pay band and ethnicity

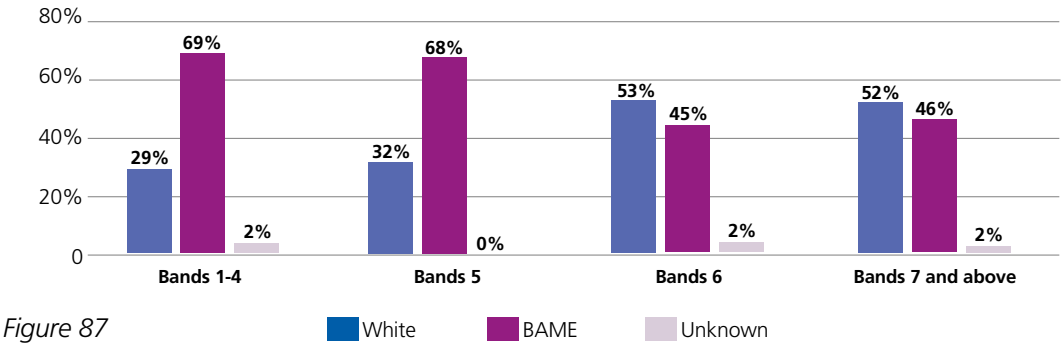


Figure 87

Breakdown % of Chelsea & Westminster Midwifery & Neonatal Staff by pay band and ethnicity

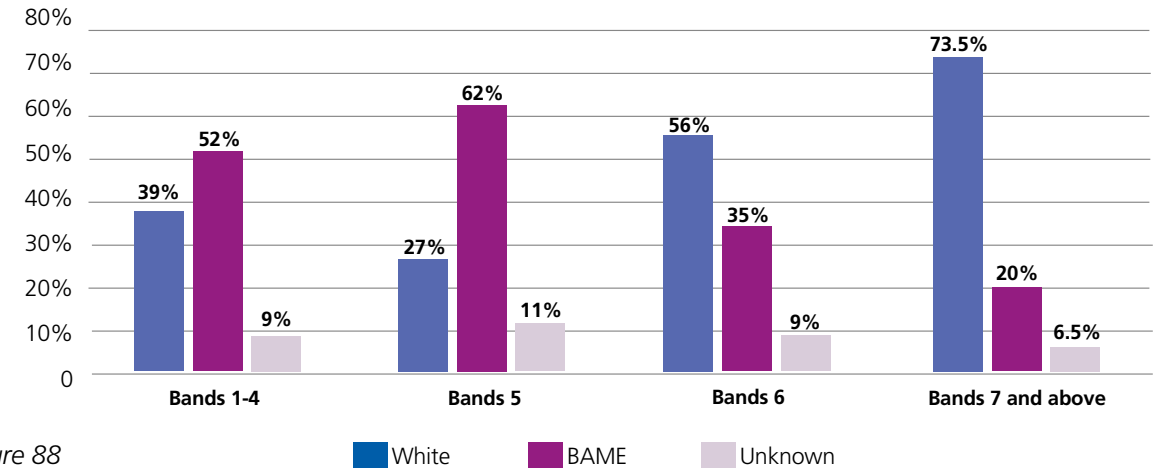


Figure 88

The Integrated Care Systems are changing the way local care services are commissioned and delivered which will have implication on equality and health inequalities for both patients and the workforce. The NHS England operation plan in 2022/23 identified the workforce as a key enabler for sustainability of the health service.

In order to attract and retain staff in our maternity service, we need to commit to changing the culture and environment that they work in. The strategic plan proposed at trust level and agreed collaboratively by the ICS hopes to realise this commitment.

The proposed plan for each of the 8 WRES indicator includes a colour coded prioritisation;

- **Targets in red are short term (0-12mths) and to be delivered by September 2023.**
- **Targets in green are intermediate (1-2 year) and to be delivered by September 2024.**
- **Targets in blue are long term (3-5 years) and to be delivered by September 2025.**

Indicator 1	Workforce Reporting	
	Objective: To ensure fair representation of Ethnic Minority staff in senior roles, in line with A model Employer.	
Agreed Actions by Organisations	**Target**	**Owners**
1. Establishing an Equality, Diversity and Inclusion dashboard to be monitored at the ICS board level 2. Review and analyse the Trust model data and performance and develop a plan to discuss any disparity 3. Develop diversity and inclusion training courses trust-wide, including the senior leadership 4. Create a buddying system between trusts across the ICB footprint 5. Develop a talent pool or career development pathway for the existing staff, especially those with more than three years of experience 6. Implementation of EDI monitoring at the Board level and being transparent in disclosure 7. Start a sponsorship programme for staff to have direct support from an ICS Executive. Ethnic minority staff will be prioritised 8. ICS executives regularly support and mentor one member of the staff, which would increase the awareness of career progression opportunities, particularly in ethnic minority staff	**1. Department to ensure that the training for diversity and inclusion is rolled out to all staff** **2. Reviews of organisational/departmental culture potentially impacting diversity** **3. Recruitment of cultural safety champions (with protected time to fulfil the role)** **4. Ethnic minority representatives on all interview panels** **5. Adoption of the Capital Midwives Civility Toolkit for the maternity department** **6. EDI representation from the department to implement the NWL ICB objectives** **7. Developing a buddying system within the ICS programme** **8. Develop a strategic plan to implement the Women's Health Strategy** **9. 100% target to develop talent pool and career development pathway for the internal staff (Working under NWL Health Academy)** **10. 100% achievement in developing an ICS mentoring programme to support ethnic minority senior staff in their career development** **11. 100% achievement in developing EDI dashboard** **12. 80% achievement in promoting internal staff through the career development pathway** **13. 80% achievement in meeting ICS executive member sponsorship programme.** **14. 100% achievement for all of above**	HR, DoMs, OD Hiring managers, Recruiting managers EDI's, People and inclusion board

Indicator 2	Shortlisting process	
	Objective: To ensure the likelihood of Ethnic Minority and White staff being shortlisted and appointed is equal	
Agreed Actions by Organisations	**Target**	**Owners**
1. In-depth analysis of current practice 2. Establish a recruitment framework to identify the challenges and mitigate inequalities 3. Introduce a fairness approach like the inclusion of ethnic minority members in the interview panel for the effective, high-quality performance of the department and ICB 4. Review internal secondment and recruitment to create a more transparent process to promote suitable opportunities and accessibilities for the internal candidates equally 5. Inclusion of EDI lead and completion of EHIA 6. Re-introduce a training program for hiring managers and interview panel members regarding race, shortlisting and selecting skill-based candidates 7. Develop research resources, tools and frameworks and make them available to managers and employees on the intranet 8. Review processes for acting up arrangements and robust strategies for recording internal mobility 9. Review actions, fairer recruitment process including BAME employees sitting on recruitment panels and manager justifying non-selection of Ethnic minorities for impact	**1. Training all hiring and recruiting managers for the selection process and interviewing skills** **2. Internal training for career progression for the existing staff to maintain retention and promotion** **3. HR to initiate the training, resources and monitoring of the internal data** **4. Board to monitor the progress six monthly** **5. Changing recruitment pathways to include EDI in the process** **6. 100% achievement on all of above** **7. Reviewing the action for indicator 2 in multi-level in the broader system** **8. Maintain 100% progress and review the plan yearly**	HR, DoMs, Hiring managers, Recruiting managers EDI's, People and inclusion board

Indicator 3	Formal Disciplinary process	
	Objective: To eliminate the disparity between BAME and white individuals	
Agreed Actions by Organisations	**Target**	**Owners**
1. Develop a process to record informal and formal disciplinary, pre- and post-formal checklists and actions that have been taken 2. Evaluate and analyse the cause and outcome of disciplinary action and prepare a strategic mitigation plan 3. Include EDIs in the disciplinary procedures 4. Introduce cultural ambassadors/ cultural champions to provide a further level of scrutiny around the management and processing	**1. Formation of a HUB for the staff to have a confidential conversation** **2. Promote Cultural safety and EDI champions** **3. Encourage staff to attend mindfulness training** **4. Mandatory requirement for staff and managers to know policies** **5. Start an audit process and improve the disciplinary data** **6. Implementation of checklist or process for recording or the formal and informal procedures** **7. Review the audit data and checklist six monthly to monitor the progress** **8. Complete a root-cause analysis based on the collected data** **9. Strategic plan to mitigate the identified causes** **10. 60% achievement in the implementation of all of the above and review annually and make an amendment if needed** **11. 100% achievement of all of the above**	HR, DoMs, Line managers EDI's, People and inclusion board

Indicator 4	Accessing non-mandatory training and CPD	
	Objective: No difference in the likelihood of accessing non-mandatory training between White and ethnic minority staff	
Agreed Actions by Organisations	**Target**	**Owners**
1. A root-cause analysis of data to identify variation across divisions, directorates and departments 2. Develop plans, in partnership with the ethnic minority and EDI staff network, to ensure training opportunities are accessible to people of Black, Asian and Minority Ethnic heritage through a training review panel 3. Ensure fair access to the training budget and encourage take-up 4. Improve recording of training attendance 5. Governance and Performance are monitored at the board level	**1. A root-cause analysis of data to identify variation across divisions, directorates and departments** **2. Re-visit the existing plan and amalgamate it with a new developing plan to reduce the inequalities** **3. Take the cases through a review panel of the scrutiny panel** **4. Development of tableau for the recording and monitoring of the non-mandatory training data** **5. 90% achievement in mitigating inequalities accessing non-mandatory training** **6. Review the plan and revisit the achievements** **7. 100% achievement in achieving**	HR, OD, DoMs, EDI's, People and inclusion board

Indicator 5	Harassment and bullying from patients and relatives	
	Objective: Reducing incidences of bullying and harassment and providing support to the staff, and encouraging them to raise the alarm	
Agreed Actions by Organisations	**Target**	**Owners**
1. Undertake a root cause analysis of the Trust data for this indicator to identify trends, clinical areas, and professional groups where complex detailed interventions are required 2. Publicise zero tolerance of bullying and harassment, and abuse to patients, staff and the public 3. To improve confidence and working relationships. Trust to offer mediation service and coach mentoring 4. Completion of relevant training like conflict resolution 5. Continue to provide training for staff mental health liaison and conflict resolution training, particularly in hot-spot areas 6. EDI to be involved in the monitoring of reported incidents	**1. Development of process of recording the incidence and revisit for root cause analysis** **2. Publicising the Zero Tolerance policy as part of the rules of the organisation meeting** **3. Talking hub for the staff to improve their well-being** **4. 100% completion of conflict resolution** **5. A protocol to be developed to report hate crimes to the police** **6. Monitor staff progress status through appraisal, survey, and one-to-one** **7. Benchmarking and monitoring the progress of the WRES indicators** **8. Embracing the organisational values and behaviours** **9. 60% achievement of all of above** **10. 100% achievement of all of above**	HR, DoMs, Line Managers, EDI's, People and inclusion board

Indicator 6	Harassment and bullying from colleagues and other staff	
	Objective: To Improve staff experience and reduce incidents and inequalities	
Agreed Actions by Organisations	**Target**	**Owners**
1. A root cause analysis of the directorate establishes the trends and hot spots 2. Directorate to develop a plan based on the root cause analysis 3. Recruiting and training more champions on the clinical site or in the directorate to promote equity, equality, and organisational culture and behaviour 4. Promote a positive culture to tackle bullying and harassment 5. Ensure the support and training is available to line managers to be able to effectively support staff and reduce the escalation 6. Design learning initiatives and continue leadership conversations 7. Promote speak up initiative and Diversity staff Network 8. Review the policy to align with leadership	**1. Mandatory training for every staff Anti-racism, LGBTQ+** **2. Cultural safety champions in each clinical area and allocated time for them to work in this capacity** **3. Look up micro details of staff concerns, like not getting a break** **4. Develop training for the managers and mitigation plans to reduce inequalities** **5. Mini session to promote a positive culture in the team and organisation** **6. More leadership training for the managers and a review of the current policy** **7. 60% achievement and continuation of all of above** **8. 100% achievement of all of above**	HR, DoMs, Line Managers, EDI's, People and inclusion board

Indicator 7	Equal Opportunities for career progression and promotion	
	Objective: To close the gap in experience and perception of White and ethnic minority staff. Trust to demonstrate improvement when compared with benchmarked trusts	
Agreed Actions by Organisations	**Target**	**Owners**
1. Bring in more apprenticeship programmes to develop ethnic minority people and ensure all interim, act up, and secondment opportunities are advertised and recruited fairly and transparently 2. Start a sponsorship programme for staff to have direct support from an ICS Executive. Ethnic minority staff will be prioritised 3. ICS executives regularly support and mentor one member of the staff, which would increase the awareness of career progression opportunities, particularly in ethnic minority staff 4. A critical data analysis of current behaviour of recruitment to get a career progression for ethnic minorities and prepare the plan to mitigate to equalise it 5. Implement a reverse mentoring programme 6. Bring in more leadership programmes and EDI to be part of the selection process 7. Inclusion Board to review the status quarterly	**1. Implement a reverse mentoring programme** **2. Respect and promote more senior roles for the senior staff in the department** **3. ICB members to support ethnic minority mentorship** **4. Develop a dashboard to monitor equal opportunities offered to ethnic minorities equally** **5. Involvement of EDI in every step of the process** **6. 60% achievement of all of above** **7. Inclusion board to monitor the progress** **8. Bringing in more leadership programmes** **9. 100% achievement in all of above**	HR, DoMs, Line Managers, EDI's, People and inclusion board

Indicator 8	Discrimination from Manager/leader	
	Objective: To be able to address the discrimination and close the gap in experience between white and ethnic minorities	
Agreed Actions by Organisations	**Target**	**Owners**
1. Equality and diversity training for all the leaders 2. Undertake a root cause analysis of this data through the new ED&I dashboard to better understand and identify the hot spot areas and the areas for better practice 3. Continue with inclusion and compassionate leadership programme to treat people equally 4. Review the current Inclusion network and policies 5. Implement a monthly engagement plan for the staff and a hub for staff to speak confidently and openly 6. Analyse the data and identify the area of discrimination and use the data to inform plan mitigation actions 7. Quarterly discussion at the Inclusion board level to mitigate challenges and monitor improvement 8. Work with communications, complaints team, HR and others to encourage speaking up and reporting incidences	1. **80 % achievement of all actions** 2. **100% achievement of all actions**	HR, DoMs, Line Managers, EDI's, People and inclusion board

Action

Priority 4d: Support for maternity and neonatal staff	
Intervention 3: implement the Workforce Race Equality Standard (WRES) in maternity and neonatal services.	Providers to Implement ambitions for indicators 1 -8 stated in the ICB WRES action plan.
	LMS to monitor progress, challenge and provide assurance towards achieving ambitions stated in the ICB WRES action plan.

Once the model has been implemented and deemed helpful for families, it will be rolled out across NW London. Discussion is underway for MCoC and perinatal mental health services to be part of the Family Hub multi-disciplinary discussions and interface. Drop-in, regular clinics and office space will form part of the negotiations of a new Task & Finish Group being established and led by the Children and Young People Local Delivery Team in the Inner Cluster of the ICB (Westminster, Kensington & Chelsea, Hammersmith & Fulham).

The majority of the chosen children's centres are already utilised by community midwifery teams with environments suitable for clinical care.

The majority of the chosen children's centres are already utilised by community midwifery teams with environments suitable for clinical care. Further analysis and mapping of the assets will reveal the availability of other locations to support ICHT in phase 2 and fill the gaps for the other three trusts. Community midwifery services in NW London primarily operate out of children's centres, with a few remaining in GP practices.

The mapping exercise shows what community estates we are currently using and where these clinics are located. However, provision of community midwifery services in NW London has historically been subject to instability as demands on local authorities, children's centres and GP surgeries evolve. The LMS team, in collaboration with NW London ICS, is exploring how to develop a more sustainable solution. This includes exploring innovative ways to provide new locations, such as mobile clinics.

Action

Priority 4e: Enablers	
Intervention 1: establish community hubs in the areas with the greatest maternal and perinatal health needs.	ICS level mapping of all community estates, with agreed solutions to support the expansion of MCoC services in communities.

Priority 4e Enablers

INTERVENTION 2:

Work with system partners and the VCSE sector to address the social determinants of health

Social determinants of health are underpinned by the conditions in which people are born, grow, live, work, and age. The relationships that affect health outcomes include factors that can be individual, institutional, and legal and can be an overriding factor in shaping a person's health and lifestyle choices.

Pregnancy health behaviours are influenced by a variety of environmental and social factors. The time incorporating pregnancy and birth is one of the most significant, life-changing events in a woman's and or family's journey and a junction at which people are more likely to make positive changes to their lives and lifestyles.

Maternity services are in a unique position where they come into contact with individuals from all demographics of the population, Maternity staff can recognise barriers, influence and gain traction on lifestyle changes, but they cannot do this alone. Through partnership working with our local authorities and voluntary sector, we can make collaborative improvements to the health and wellbeing of pregnant women, their families, communities and, in turn, the future of the population. Maternity services can work alongside partners to determine barriers, address the issues, and take action to implement changes where necessary.

Since becoming an LMS, we have been forging community-based relationships through outreach and by attending local community events. During the pandemic, we established a social prescribing model (supportive signposting) to link our service users into community services. We have pockets of exemplary collaboration between maternity services and the voluntary sector. The Maternity Champion scheme has been running for several years, and recent evaluation has shown the service to deliver a strong return on investment. The partnership between the Maternity Champions, the voluntary sector, the MVPs and the LMS has grown. With common aims and vision, the aspiration is to work together to extend this programme across the outer NW London boroughs. More information describing how we work with and integrate our community assets is available in NW London is available in priority 4a, intervention 2.

During the pandemic, we established a social prescribing model (supportive signposting) to link our service users into community services.

Our maternity system has recently employed a Communication and Engagement Manager to establish, develop, and cement relationships with partners across our eight boroughs. The ambition for partnership working is multi-fold, aimed at ensuring:

- Open communication amongst partners
- A reduction of barriers to access
- The provision of health information accessible to all
- All services are accessible to all
- Consideration and respect for the diverse population we work with and care for
- As trust is built between residents and health services, we include our local communities in co-producing services.

The Maternity Champion programme

Running across 3 of our 8 boroughs (Royal Borough of Kensington and Chelsea, Westminster, and Hammersmith and Fulham) as this tri-borough venture predates the amalgamation of the 8 boroughs into an Integrated Care System (ICS).

Jointly funded by commissioners and local authorities, this programme is set up in areas of high depravation and run by project managers from local communities who co-ordinate skilled local volunteers to support parents on their parenting journey. The offering varies from centre to centre, depending on the needs and wants of the local communities and includes parent and baby exercise classes, digital inclusion sessions, wellbeing classes, peer infant feeding support and complementary therapies.

This will help people to know what services are available and be able to access them in a timely manner. As people and their needs are ever-changing, we realise that this engagement process will be ongoing and that we need to be adaptable. We will make every effort to ensure that no citizen is left behind. As an LMS, we will ensure every effort is made to allow our pregnant people to have the best possible outcomes and our infants to be part of a system that supports better outcomes so they can achieve long healthy lives and reach their full potential. This will help people to know what services are available and be able to access them in a timely manner.

As people and their needs are ever-changing, we realise that this engagement process will be ongoing and that we need to be adaptable. We will make every effort to ensure that no citizen is left behind. As an LMS, we will ensure every effort is made to allow our pregnant people to have the best possible outcomes and our infants to be part of a system that supports better outcomes so they can achieve long healthy lives and reach their full potential.

However, we are aware that there is much work to be done, and over the next five years we intend to expand our work with system partners to address any barriers faced by social determinants, which include:

- Personal characteristics such as gender, age ethnicity and hereditary factors
- Lifestyle choices including alcohol use, drug use, smoking and physical activity, healthy eating
- Living and working conditions including type of jobs, housing and location, educational achievements, and access to welfare services

The LMS is an essential part of the NW London ICB and plays one of the most essential roles in influencing positive lifestyle changes in our population. As NW London LMS draws on the experiences of its diverse workforce, we have identified more needs to be done to bring partners together and work collaboratively to consider when we start transforming and implementing services and are working towards a plan that can

To truly understand the community and address socioeconomic inequality, we need to work collaboratively with system partners to come up with solutions that can influence long-term change and start to tackle differential outcomes.

Starting now and over the next five years, we want to see NW London rapidly progress towards a place full of healthy communities, where we can – as individuals, families, and friends – all contribute to (and benefit from) inclusive economies, lead flourishing lives, and maximise our wellbeing and independence.

Action

Priority 4e: Enablers	
Intervention 2: work with system partners and the VCSE sector to address the social determinants of health	Ensure that there is open communication amongst partners and to provide an avenue for any citizen to communicate with the maternity arm of the ICB and the wider ICB.
	Ensure there is pregnancy and birth information and education accessible to all.
	Ensure services are accessible to all regardless of language barriers and location.
	Ensure to take into account the people and culture of the population we work with and support.
	Build trust between the residents in the population and the health services. Taking into account different avenues that reach the population including religious organisations, community groups and leaders and/or changing mind-sets by addressing barriers or preconceived ideas in both population and health care professionals.
	Ensure we can include our local communities into planning process of services.

Priority 5 Strengthen leadership and accountability

NW London LMS is fully integrated and embedded into the ICB organisational structure. Maternity is a cross-cutting programme that influences the core ICB delivery programmes, facilitating achievement towards the four ICB objectives through addressing health and well-being needs and services at the start of life (figure 89).

Figure 89 ICB core objectives

Collaboration between our maternity service providers in NW London predates the establishment of LMS in January 2017. Since 2015, our maternity services have worked together to ensure that the NW London childbearing population and their families have access to the same high-quality, safe maternity care and services no matter where they live or which maternity unit they are booked to birth at. Our achievements to date are reflective of the maturity of system-level collaboration. We have a sound governance structure that includes an annual review of the LMS terms of reference, annual benchmarking of progress against deliverables, and fiscal reporting.

In 2021 to 2022, as part of the implementation of the perinatal quality surveillance model and in tandem with the statutory establishment of ICS, the LMS has been working to strengthen lines of accountability within the ICB. Developing pathways and processes for reporting escalation of concern, programme progress, and programme health, among other things. Internally, the LMS reports directly to the ICB System Quality Group for assurance and the Clinical Advisory Group for clinical development. See diagram below (figure 90). Maternity programme reporting and governance structure is evolving as the ICB embeds and matures, developments in this area will be published on the ICB website as changes are made.

NWL LMNS reporting structure

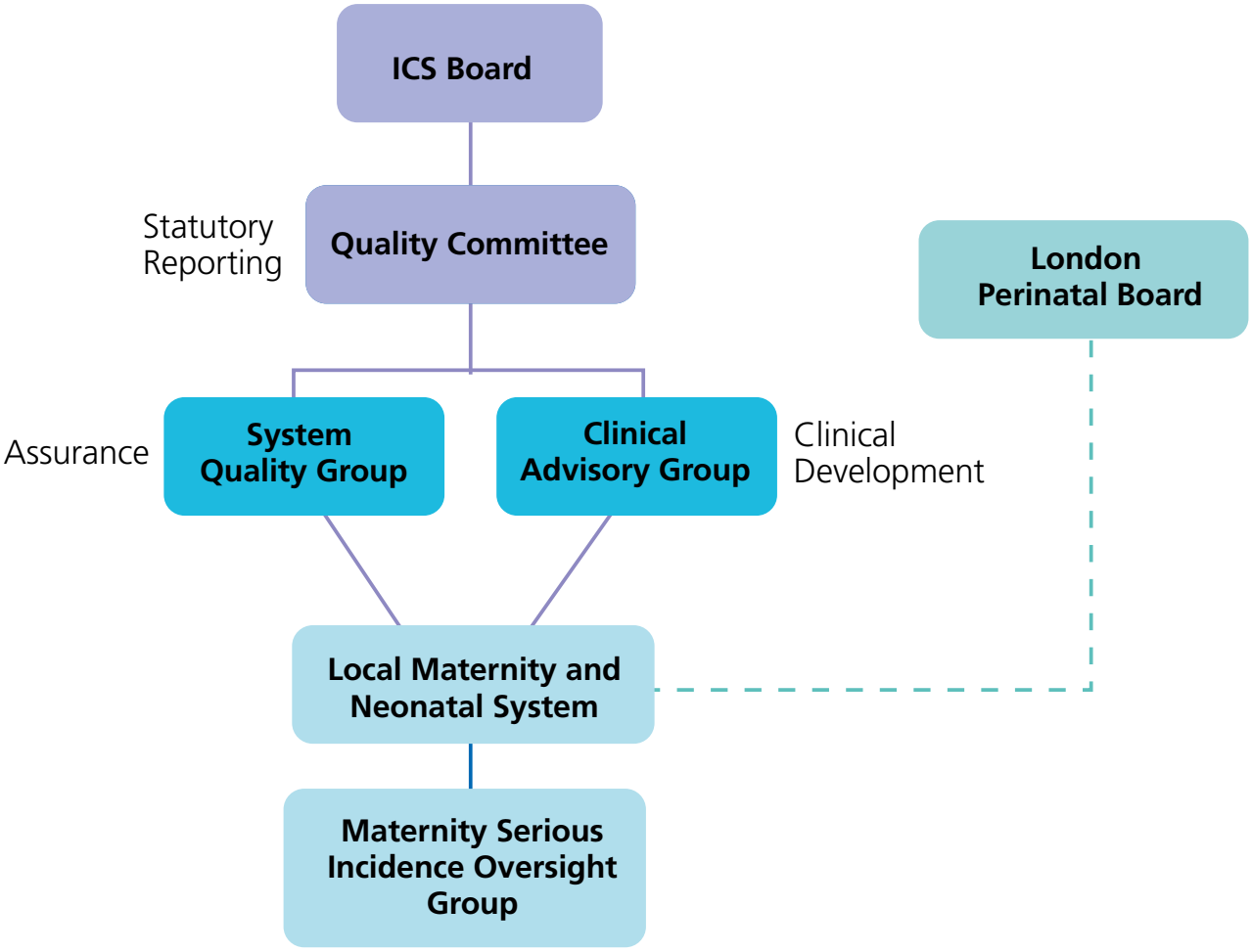
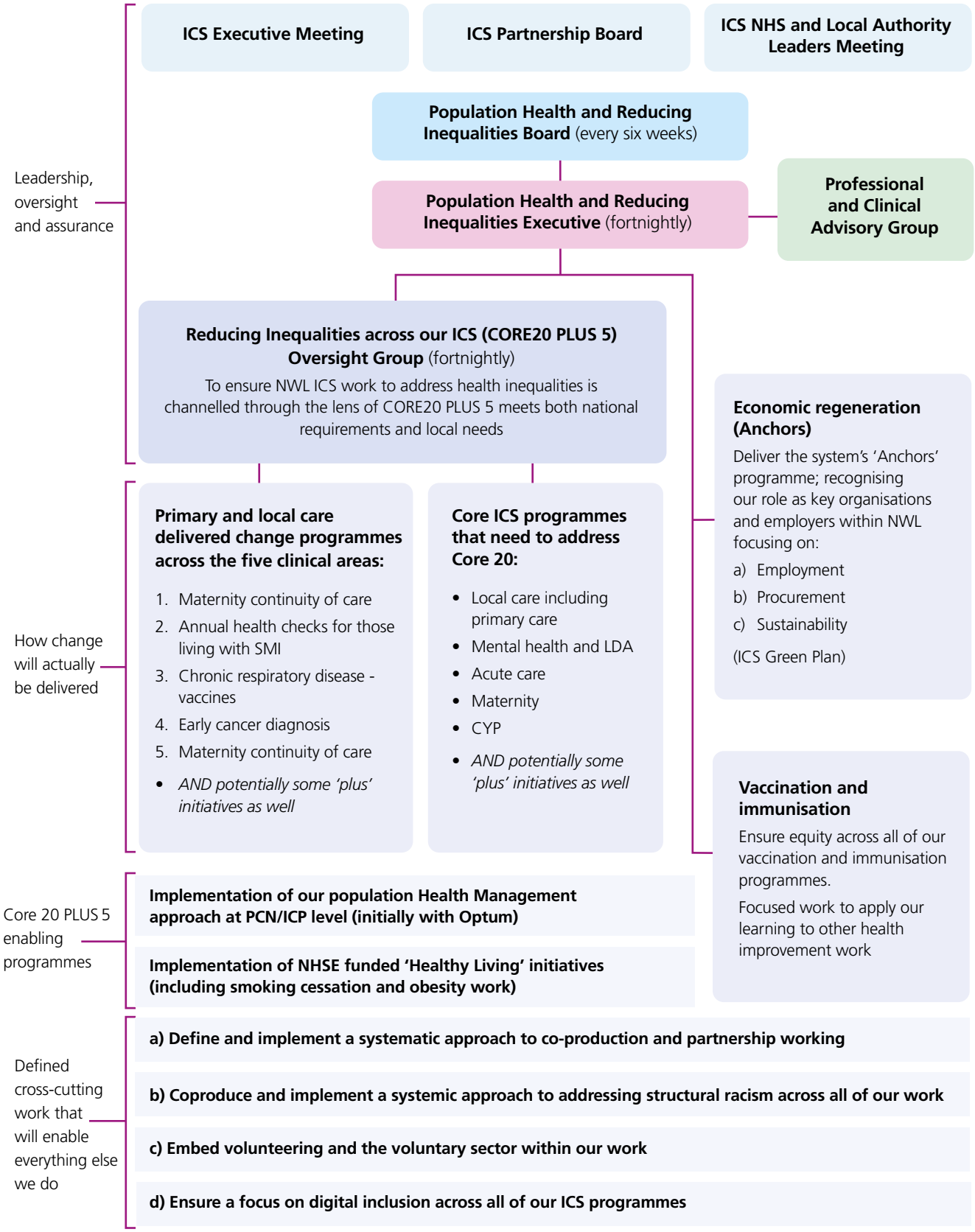


Figure 90

The NW London maternity transformation programme is aligned with the ICS objectives and is embedded in the support structure established by the population health and inequalities board, which has direct oversight of and input into maternity and neonatal plans for reducing access and outcome inequalities to services.

The diagram below (figure 91) illustrates how the ICB is developing its approach to population health and reducing inequalities.

Figure 91



A key enabler to achieving our ambitions is partnership working with our eight borough-based partnerships. The development of this strategy has helped to start forging the links for a stronger collaborative future. In the coming year, we will develop a network that supports data sharing to help us understand the health needs of the childbearing population and create agile strategic teams that come together to design and adapt maternity services centred around local needs.

While we recognise our achievements, there is still much to be done to maintain the profile of the maternity programme, ensuring that commitment to improving services for women and families is prioritised. In 2022, maternity and neonatal services are facing significant challenges. Support from the wider ICS is forthcoming and will be critical in helping us move forward to achieve the ambitions laid out in this document. Having a sound governance structure with clear lines of accountability, leadership, and responsibility that is inclusive and considerate throughout the integrated care system will assist. The ICS has developed guiding principles to aid its delivery programmes in achieving greater health equity and equality for our population (figure 92).

We will deliver on these pledges aligned to our guiding principles:

- All of our programmes will have a central focus on our four objectives
- Our organisational leaders will lead by example and be clear about what this means to the people of NW London
- Based on service access, citizen experience and outcomes, we will work with communities to build indicators to measure success for an equal society in NW London.
- Shift power – to ensure patients, citizens and local communities are at the heart of the work and are directly benefitting at all stages of the process
- Develop a series of Leader Pledges that provide tangible commitment(s) to changing the organisational culture and corporate barriers to address health inequalities
- Acknowledge structural racism as one of the key causes of current health inequalities and listen to and work with our BAME communities to develop solutions that influence long term change and tackle differential outcomes and experience
- Be really clear about WHAT it is we want to achieve; and HOW we think our actions will lead to that desired outcome
- Build insights and monitor progress by combining quantitative data with qualitative insights and sense-making gained through community engagement
- Embed rapid improvement, coproduction, and learning methods throughout our programmes
- Actively build partnership and trust by bringing together people from local authorities, community groups and NHS organisations
- Utilise the energy and expertise of existing networks, communities, work streams and people we have across our system, rather than re-inventing new structures
- Build trust through growing a culture of openness and transparency around the work – be clear about which conversations, meetings and groups are for listening, learning and sensemaking, and which are for decision making
- Demonstrate vulnerability, humility and honesty where we don't have answers
- Listen to local people, demonstrating humility and honesty where we don't have answer

Figure 92 NW London ICS guiding principles for all that we do

Action

Priority 5: Strengthen leadership and accountability	
	Contribute to developing the NW London ICS strategy
	Complete outstanding actions on the LMNS capabilities and capacity framework
	Strengthen relationships with all ICS stakeholders in maternity and neonatal services

Action plan and high level time line October 2022 – April 2026

This action plan is available to view in Appendix 3

Priority 1 : Restore NHS services inclusively	
Intervention 1: continue to implement the Covid-19 four actions.	Fully embed the Covid-19 screening tool both the antenatal and postnatal elements at all units.
	Audit Covid-19 screening tool for effectiveness.
	Evaluate impact of tailored communications – healthy pregnancy poster, reduced fetal movement videos.
	Evaluate impact of routine vitamin D testing for all pregnant women at LNWUHT.
	In collaboration with Primary Care and Medicine Management Develop standardised NW London agreement for testing and treatment of vitamin D deficiency in pregnancy.
	Work with providers to improved capture of ethnicity and derivation status and reporting on maternity IT systems.

Priority 2 : Mitigate against digital exclusion	
Intervention 1: ensure personalised care and support plans (PCSPs) are available in a range of languages and formats	Identify maternity service users facing potential digital exclusion areas and provide the necessary support to facilitate best use of digital tools and systems.
	Share Digital Inclusion resources for front-line staff to signpost residents to digital solutions in their local areas.
	Develop and implement a Digital Champion model.

Priority 3: Ensure datasets are complete and timely	
Intervention 1: on maternity information systems continuously improve the data quality of ethnic coding and the mother's postcode	Develop and Submit NWL Maternity Digital Strategy.
	Enhance MSDS submission and the accuracy of the data by implementing a new process prior the final submission.
	Upgrade maternity IT systems.
	Regular data quality checks via LMS digital meeting.
	To capture data on MCoC teams, deprivation and ethnicity. Monitor quality and progress with monthly dashboard check and MSDS submissions.

Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes	
Priority 4a: Understand your population and coproduce interventions	
Intervention 1: understand the local population's maternal and perinatal health needs (including the social determinants of health).	Build population health dashboards to provide a picture of change over time.
	Investment in resource to facilitate easy extraction of data from maternity information systems is needed.
	Retreive, clean and analsye maternity information system data sets to get a better overview of maternity outcomes by ethnicity and deprivation.
	To analyse provider process indicators and outcomes by ethnicity to ensure that resources are proportionally directed across the system to areas of highest acuity by ethnicity.
	LMS to work collaboratively with borough based partners to share, understand data and to better understand the correlation between maternity outcomes and social determinants of health.

Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes	
Intervention 2: map the community assets which help address the social determinants of health	**Mum & Baby App:** Complete full app translation into Romanian, Guajarati, Hindi, Arabic and Somali.
	Pilot integration with Care Information Exchange.
	Increased promotion of and awareness of Mum & Baby app content and functionality.
	Supportive Signposting: Work with the ICS partners to establish future SSP sustainability and standardisation.
	Recommence in-depth data collection and collation on ethnicity of users of the SSP service and to include deprivation data.
	Maternity Champions & Voluntary sector services: Explore expansion of maternity champions programme to outer five boroughs.
	Increase collaboration with maternity champions and wider voluntary sector.
	Domestic abuse services/charities: Enhanced engagement to ensure resources are available for distribution to the pregnant and postnatal populations they serve.
	Work collaboratively with people having lived experience to design services/ clinics that meet all cultural and diverse needs.
	Religious support groups: MTP engagement lead to develop sustainable communication methods to share information between service providers and users, build trust and collaboration in future maternity service design.
	Children's centres and family hubs: MTP engagement lead develop communications methods to share information between sectors. This will allow maternity services to work with teams to have more understanding of the needs of the services users, reasons that for reluctance to engage with some health interventions and also extends the reach of information that needs to be disseminate to pregnant and postnatal pregnant people and their families.

Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes	
Intervention 3: conduct a baseline assessment of the experience of maternity and neonatal staff by ethnicity using WRES indicators 1 to 8.	Ensure that training is rolled out for staff to increase awareness of diversity and inclusion issues.
	Reviews of organisational/departmental culture potentially impacting diversity.
	Recruitment of cultural safety champions (with protected time to fulfil the role).
	Strengthen diversity and inclusion through ensuring that there is ethnic minority representation in all recruitment selection process, at interviews and working as part of the team to improve staff experience.
	Access to detailed localised data to help the LMNS to understand what is taking place in each maternity unit and thus enable the LMNS to develop an action plan to mitigate the existing challenges and make a positive impact before the next round of survey, with an aim for year on year improvement.
	Develop a WRES action plan to improve the experience of the staff and system partners.

Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes	
Intervention 4: set out a plan to co produce interventions to improve equity for mothers, babies and race equality for staff.	Work in partnership across the ICS to reach out into the community and hear the views of our people.
	Targeted engagement focusing on MCoC, MMN, FM, AIP, Pre-term Birth & Smoke free pregnancy.
	Support development of ICS strategy and population health and care inequalities strategy by ensuring public involvement in ICS/ICP decision-making.
	Working with local authorities to develop a coordinated programme of outreach and community research in our population in each borough, using population health and outcomes data, as well as existing grassroots community knowledge, to target specific communities as appropriate.

continued...

continued...

Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes	
Intervention 4: set out a plan to co produce interventions to improve equity for mothers, babies and race equality for staff.	Holding a weekly Public Maternity Engagement Feedback Forum where residents and current or past service users can share experiences and suggestions about Maternity Services in North West London and hear more about the work going on to improve equity and equality.
	Holding quarterly 'collaborative spaces' in each borough: open community conversations where health and care professionals come together with the public and stakeholders to discuss healthcare issues. The agenda for these meetings will be co-designed with residents; it is important to recognise that issues raised unprompted by local people can provide important insights. (These conversations may be combined with existing arrangements at borough level where appropriate.)
	Enabling easy and accessible feedback from the public through an online survey in the form of a questionnaire about local Maternity services. With resulting data to be analysed monthly and shared at Maternity Transformation meetings and suggestions for improvements to be transparent to all trusts.
	Begin engagement with the workforce to share feedback on their staff experience within the maternity sector and share insight in Maternity transformation meetings to enable opportunity to develop strategies for a more satisfied and engaged workforce. Working on building increased support for mental health and wellbeing and enable a more supportive, inclusive and diverse work environment at all levels.
	ICB to publish monthly insight reports setting out what we are hearing from our residents.
	Ensuring that residents are represented and supported to participate equally on key ICS and borough-based work streams so that there are always a resident/patient voices in the room. Build on the success of the Imperial lay partner programme by sharing learning across the system.
	Working with public health directors to deliver integrated public health campaigns on agreed topics.

continued...

continued...

Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes	
Intervention 4: set out a plan to co produce interventions to improve equity for mothers, babies and race equality for staff.	Specifically target and work with groups with specific needs, including people with long term conditions, black and minority ethnic communities, people with disabilities including people with learning difficulties and autism, traveller communities, children and young people, older people, mental health service users, LGBT communities, family carers and others. This work will be carried out at borough level, based on local health data and insights.
	Ensuring NHS service change programmes and key ICS and borough-based work streams carry out appropriate public involvement or consultation – this work can be led at Trust, provider collaborative or ICS level as appropriate.
	Ensuring that our duties under equalities legislation are met and exceeded by putting in place ICB oversight of equalities impact assessments, conducting appropriate gap analyses of which communities and groups we talk to.
	Recognising digital exclusion by ensuring a good mix of in-person and online engagement with people and communities.
	Use our 3,800-strong, demographically representative Citizens' Panel to deliver surveys and focus group research across the ICS and to disseminate healthcare information.
	Developing and maintaining a strong focus on hearing from people who are furthest from decision making by working with grassroots community organisations, charities, churches, employers, schools, patient groups, MPs and councillors, Healthwatch and residents' associations to maximise our reach in to local populations.
	Coordinating social media activity across the sector, especially on maternity public health campaigns, service change programmes and promoting public events and involvement opportunities. We will use a multi-channel approach, including film and infographics, to get information across.
	Developing our single website housing ICB and ICS content and this site will link to all partner organisations' websites. Which incorporates information about Maternity.
	This is a three-year strategy, which will be iterated depending on insights and developments in year one. Year two and three objectives will build on year one, with specific objectives to be added depending on insights received, specific ICS/ ICB programmes and population health and care metrics.

Priority 4b: Action on perinatal mortality and morbidity	
Intervention 1: implement maternal medicine networks to help achieve equity.	Engage with service users, clinicians and allied healthcare in the region to inform, educate and support their understanding and referral to any of the services of the MMN.
	Co-produce leaflets, posters and information with MVP to share within region.
	Review and strengthen online consultations to reduce unnecessary travel for women in the region.
	Complete ITU admissions audit including ethnicity and deprivation and present to regional and London region.
	Complete maternal death audit for the last 3 years , including ethnicity and deprivation data.
	Ensure that audit gathering is completed and submitted from each trust including ethnicity and deprivation data.
	Review stillbirth and NND monthly including ethnicity and deprivation data.
	Continue regular training and education programs in conjunction with the London networks.
	Update all Trust websites with information on maternal medicine networks for women.

Priority 4b: Action on perinatal mortality and morbidity	
Intervention 2: offer referral to the NHS Diabetes Prevention Programme to women with a past diagnosis of gestational diabetes mellitus (GDM) who are not currently regnant and do not currently have diabetes.	By April 2023, there will be pathways in place to refer women who have been diagnosed with gestational diabetes to the NHS DPP services.
	Quarterly reports to the LMNS on how many women with protected characteristics are referred to the service for follow up and whether they attended.
	All women who meet criteria for gestational diabetes screening according to NICE guidance are screened at the recommended gestations by April 2024 in all hospital trusts in the region.

Priority 4b: Action on perinatal mortality and morbidity	
Intervention 3: implement NICE CG110 antenatal care for pregnant women with complex social factors.	Establish maternity safeguarding clinical reference group.
	Scope and analyse the range of complex social information available from ICS data sets.
	Develop key process and performance indicators to establish the impact of social complexities on pregnancy and birth outcomes.

Priority 4b: Action on perinatal mortality and morbidity	
Intervention 4: implement maternal mental health services with a focus on access by ethnicity and deprivation.	To improve data quality across the MMHS service including ethnicity and IMD.
	To re-evaluate the service in April 2023.
	To develop a programme of mini audits for the service.
	To promote to GPs and wider primary and community services.
	To further develop relationships with community organisations – accessing representative population.

Priority 4b: Action on perinatal mortality and morbidity	
Intervention 5: ensure personalised care and support plans are available to everyone	LMS level audit of PCSP uptake at all maternity units as per national guidance.
	PCSP implementation evaluation, including deprivation and ethnicity breakdown on PCSP usage.
	Via the audit, evaluate the quality of personalised discussions.
	We will work with the Business Intelligence and Digital teams to improve data quality and MSDS submissions as well as upgrade our infrastructure and information systems in maternity.
	Review and continue monitoring the PCSP engagement and communication strategy.
	Devise a method to monitor PCI training compliance.
	Create a strategy for further incorporating the motivational interviewing approach into healthcare consultations.
	Explore and consider participation in the London regional personalised care working groups.
	The enhanced MCoC teams will aid in the implementation of PCPs for black, Asians, and minority ethnic groups, as well as those living in low-income areas.

Priority 4b: Action on perinatal mortality and morbidity	
Intervention 6: ensure the MVPs in your LMS reflect the ethnic diversity of the local population, in line with NICE QS167	A strategy to create a more robust and accessible system for MVP involvement and more diverse service user representation across North West London is being designed.
	Formative plans are in evolution where, alongside MVPs, a newly established network will be created with regular contact and further involvement of local systems and people.

Priority 4b: Action on perinatal mortality and morbidity	
Intervention 7: Establish a perinatal pelvic health service	Work towards national KPI's related to service.
	Service evaluation including birthing people's experience of PPHS.
	Provide education for staff on the service and pathways of care.

Priority 4c: Action on perinatal mortality and morbidity	
Intervention 1: implement targeted and enhanced continuity of carer, as set out in the NHS Long Term Plan. This means that, as continuity of carer is rolled out to most women, women from Black, Asian and Mixed ethnic groups and women living in deprived areas are prioritised, with 75% of women in these groups receiving continuity of carer by 2024. It also means ensuring that additional midwifery time is available to support women from the most deprived areas.	NWL LMNS works collaboratively with system partners to have a clear strategy for the implementation of MCoC. The action plan has several recommendations.
	Targeted staff and service user engagement strategy including staff workshops and open forums focusing on the building blocks work closely with MVPs and service users in engaging the hard to reach groups of population and promote co production.
	ICS review of estates, to ensure that procurement of estates for provision of maternity services in community locations is fair and equitable across the system. With hubs located in areas of greatest need.
	Coaching training will continue for second year aiming to receive train the trainer sessions to gain sector wider trainer to cascade the training in future. We also aim to implement the principles and create a new culture across the sectors.
	We are also planning a further analysis of the MCoC audit is planned to take place by the end of the year in order to evaluate the service for 2019-21.
	Upgrade the infrastructure and the information systems to improve use in the community.

Priority 4c: Action on perinatal mortality and morbidity	
Intervention 2: implement a smoke-free pregnancy pathway for mothers and their partners	Agreed sector wide guideline for tobacco cessation services for service users of maternity services and acute providers.
	Establish in house tobacco cessation services that work collaborative across services/specialities/departments developing system wide referral pathways.
	Create and cement referral links between acute/maternity providers and local authority lead tobacco cessation services to ensure babies are discharged to smoke free homes.
	Aid transformative options to facilitate data collection with ease to monitor the KPIs set out by MatNeoSIP, Long Term Plan, SBLv2 and those that are agreed at the NW London ICB Tobacco steering group including ethnicity and IMD of smokers.
	Improve data collection on White other ethnic groups.

Priority 4c: Action on perinatal mortality and morbidity	
Intervention 3: implement an LMS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas.	Gap analysis to establish quality, quantity and consistency of infant feeding support across the sector, ensuring that no population or community is without access to infant feeding support in either acute or community settings.
	Develop ICS strategy for infant feeding.
	Strategy implementation.

Priority 4c: Action on perinatal mortality and morbidity	
Intervention 4: culturally-sensitive genetics services for consanguineous couples.	Collect ethnicity and IMD data For those who use NW London genetic services.
	Establish a working group to run a campaign across NWL, include service users and a wide range of primary health care clinicians.
	Co-produce information with service users from communities affected.

Priority 4d: Support for maternity and neonatal staff	
Intervention 1: roll out multidisciplinary training about cultural competence in maternity and neonatal services.	Recruit dedicated cultural safety champions in each maternity unit.
	Integrate cultural safety standards collaboratively with the neonatal colleagues.
	All maternity units cultural safety champions and senior managers to attend bespoke training.
	Roll out cultural safety training to all staff during mandatory education study days.
	LMS cultural safety group to monitor, develop and provide assurance to LMS board of the implementation of LMS equality and equity strategy.

Priority 4d: Support for maternity and neonatal staff	
Intervention 2: when investigating serious incidents, consider the impact of culture, ethnicity and language	Improve capture /reporting of ethnicity, language and IDM.
	Prioritise and monitor plans/ implementation of QI projects arising from SI.
	Conduct annual thematic analysis of serious incidents themes from across the sector.

Priority 4d: Support for maternity and neonatal staff	
Intervention 3: implement the Workforce Race Equality Standard (WRES) in maternity and neonatal services.	Providers to Implement ambitions for indicators 1-8 stated in the ICB WRES action plan.
	LMS to monitor progress, challenge and provide assurance towards achieving ambitions stated in the ICB WRES action plan.

Priority 4e: Enablers	
Intervention 1: establish community hubs in the areas with the greatest maternal and perinatal health needs.	ICS level mapping of all community estates, with agreed solutions to support the expansion of MCoC services in communities.

Priority 4e: Enablers	
Intervention 2: work with system partners and the VCSE sector to address the social determinants of health	Ensure that there is open communication amongst partners and to provide an avenue for any citizen to communicate with the maternity arm of the ICB and the wider ICB.
	Ensure there is pregnancy and birth information and education accessible to all.
	Ensure services are accessible to all regardless of language barriers and location.
	Ensure to take into account the people and culture of the population we work with and support.
	Build trust between the residents in the population and the health services. Taking into account different avenues that reach the population including religious organisations, community groups and leaders and/or changing mind-sets by addressing barriers or preconceived ideas in both population and health care professionals.
	Ensure we can include our local communities into planning process of services.

Priority 5: Strengthen leadership and accountability	
	Contribute to developing the NW London ICS strategy.
	Complete outstanding actions on the LMNS capabilities and capacity framework.
	Strengthen relationships with all ICS stakeholders in maternity and neonatal services.

Conclusion

The production of this document enables the LMS and ICS to conceptualise our baseline position for maternity services in 2022. The report tells us both what we do know and what steps we need to take to discover more. It clearly outlines where gaps are present and states what directive action will be taken to address the gaps that will enable us to make inroads on reducing inequalities and inequity in maternity services. This is only the beginning of our journey, and the strategy will develop as the vision matures.

For our diverse population and staff, the Covid-19 pandemic highlighted stark differences between the affluent and those less well off. It made us face and admit that the colour of our skin can and does result in different health outcomes. Facing the reality of inequalities and inequity in the English health care system has been hard. There has been much in the press about the poor outcomes and negative experiences of black, Asian and ethnic minority groups in NHS maternity services. The LMS and ICS is made up of populations, staff and stakeholders that were and continue to be affected by the pandemic, we are 100% committed to cementing change to improve health care and outcomes for all. Our response to the Covid-19 pandemic demonstrated that we are an agile system, with the ability to adapt to emerging needs at speed. Therefore, there can be no doubt that we will not achieve all that we set out in this report.

During the period from December 2021 to present, work has been undertaken to resolve issues with missing or inaccurate data that has been hampering full analysis and understanding of our population's health needs and maternity service outcomes aligned to ethnicity and deprivation. Significant progress has been made, yet there is more to be done. Enhancing our data input accuracy and our reporting and analytic capabilities are key priorities for the LMS. Support from the wider ICS has been forthcoming and, in this domain, we expect to see significant progress by the end of 2023/24.

Our MVPs have been active in NW London since 2018. However, they have continuously struggled to be ethnically reflective of the diverse population that they represent. The LMS and ICS acknowledge that engagement has been under- resourced and are committed to further investment in engagement activities in order to ensure that action taken towards reducing inequalities is meaningful and not simply a tick box exercise. The recruitment of a dedicated maternity engagement lead in July 2022 is helping to diversify MVP membership and participation. We expect to have a dedicated maternity engagement strategy in place in 2023.

Linking in with the resources from our Place Based Partnerships over the summer through attendance at community events is helping us to reach a wider range of people from all areas of the ICS. By early 2023/24, we expect to have undertaken an evaluation of the setup of MVPs and the needs of the system that would be required to ensure that co-production with those most affected by service transformation does occur. It may be that we move away from the traditional model of MVPs as we adapt to engagement in a format that better suits our people's wants and needs. Thus, the resulting strategy will address the imbalance of staff and user input that will be proportionately representative of our people.

More time and thought is being put into how we look after our staff. Civility, cultural and psychological safety are at the top of the LMS agenda. Dedicated well-being co-ordinators and pastoral staff are being recruited. The LMS has awarded funding to ring-fence protected time for all our cultural safety champions and has commissioned cultural safety and awareness training. Leadership courses are being rolled out at all levels, and each of the NW London maternity service providers has action plans for developing and fast-tracking staff from black, Asian and ethnic minority groups into leadership roles. Progress in this domain will be audited annually via the findings of the national staff survey and WRES indicators.

This document makes it clear that improving data quality, collection, and analysis is essential for enhancing equity and equality in NW London maternity services. We have discussed how we would enhance the documentation, maternity IT systems, and processes to achieve data purification in several sections of the paper. In the meantime, NW London trusts provided a significant amount of data to identify service deficiencies. We will do a more thorough analysis of the existing population and relationships between health outcomes, deprivation scores, ethnicity, and maternity outcomes with the help of the NWL ICB BI team.

Appendix 1: Glossary and list of abbreviation

Abbreviation	Meaning
AIP	Abnormally invasive placenta - is a spectrum disorder ranging from a small discrete area of adherent placental tissue (in the uterus) to complete trophoblastic infiltration of myometrium, serosa and invasion of adjacent pelvic structures/organs.
CWHFT	Chelsea & Westminster Hospital Foundation Trust.
CGM	Continuous Glucose Monitoring is the automatic tracking of a person's blood sugar level using a device. It collects readings automatically and can help detect trends and patterns.
CNST	Clinical Negligence Scheme for trusts is a scheme for handling clinical negligence claims against NHS Trusts.
MCoC	The Maternity Continuity of Carer model is a way of delivering maternity care so that women and birthing people receive dedicated support from the same midwife/ midwifery team throughout their pregnancy, birth and postnatal journey with the aim to ensure safer care based on a relationship of mutual trust and respect between women and their midwives. https://www.england.nhs.uk/mat-transformation/implementing-better-births/continuity-of-carer/
CCG	Clinical commissioning groups (CCGs) were created following the Health and Social Care Act in 2012 replacing primary care trusts on 1 April 2013. They were clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. CCGs were abolished on 30th June 2022 and replaced by Integrated Care Systems (ICS)
Core20plus5	Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. Core20PLUS5
Covid-19	Coronavirus disease (Covid-19) is an infectious disease caused by the SARS-CoV-2 virus. This acute disease in humans is characterized mainly by fever and cough and is capable of progressing to severe symptoms and in some cases death, especially in older people and those with underlying health conditions. It was originally identified in China in 2019 and became a global pandemic in 2020. https://www.who.int/health-topics/coronavirus#tab=tab_1

Abbreviation	Meaning
E&E	Equity & Equalities. Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.
FM CRG	Fetal Medicine Clinical Reference Group covers the more complex and rare fetal conditions including fetal abnormalities.
HSIB	Healthcare Safety Investigation Branch is part of a national action plan to make maternity care safer. HSIB works in collaboration with NHS England and NHS Improvement's Maternity Transformation Programme to support the national maternity safety ambition to reduce the rate of stillbirths, neonatal and maternal deaths and brain injuries that occur during or soon after birth by 50% by 2025.
ICB	Integrated Care Board is a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.
ICS	Integrated Care System is a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
IMD	The Indices of Deprivation is based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to a general lack of resources and opportunities. The Indices of Deprivation is the collective name for a group of 10 indices which all measure different aspects of deprivation. The most widely used of these is the Index of Multiple Deprivation which is a combination of a number of the other indices to give an overall score for the relative level of multiple deprivation experienced in every neighbourhood in England.
IR	International Recruitment. Commenced 2022, a regionally lead programme to recruit midwives from other countries. All NW London maternity providers put in an expression of interest to recruit midwives under this scheme and have committed to providing educational and pastoral support whilst the recruits adjust to working life in England.
IFM	Intrapartum Fetal Monitoring refers to the assessment of fetal wellbeing during the labour and birth process.
ICHT	Imperial College Healthcare Trust one of the four acute hospital trusts in NW London providing maternity services from two of its hospital sites. Queen Charlottes & Chelsea Hospital and St Mary's Hospital.

Abbreviation	Meaning
JD	A job description (JD) is a useful, plain-language tool that explains the tasks, duties, function and responsibilities of a position. It details who performs a specific type of work, how that work is to be completed, and the frequency and the purpose of the work as it relates to the organization's mission and goals.
LMS	Local Maternity System. Established in 2017 from recommendation by the National Maternity Review (Better Births, NHSE, 2016).
LMNS	Local Maternity & Neonatal System. In 2019 the inclusion of Neonatal Services into the maternity transformation programme, recognising the interdependency of the two services requiring full collaboration with the transformation agenda.
LNWUHT	London North West University Hospital Trust one of the four acute hospital trusts in NW London providing maternity services from two of its hospital sites – Northwick Park Hospital (Full suite of services) and Central Middlesex Hospital (Antenatal care only).
LMTB	London Maternity Transformation Board.
LPB	London Perinatal Board.
MTP	The Maternity Transformation Programme seeks to achieve the vision set out in Better Births by bringing together a wide range of organisations to lead and deliver across 10 work streams https://www.england.nhs.uk/mat-transformation/
MMN	Maternal Medicine Network provide pre-pregnancy, antenatal and postnatal care for women who have significant medical problems that pre-date or arise in pregnancy or the puerperium.
MQS	Maternity Quarantine Services refers to the provision of maternity care to woman or persons resident in designated quarantine hotels who may require maternity care or early pregnancy services.
MI	Motivational Interviewing, focuses on exploring and resolving ambivalence and centres on motivational processes within the individual that facilitate change.
MIS	The Maternity Incentive Scheme applies to all acute trusts that deliver maternity services and are members of the CNST. The scheme supports the delivery of safer maternity care through an incentive element to trust contributions to the CNST. The scheme, developed in partnership with the national maternity safety champions, Dr Matthew Jolly and Professor Jacqueline Dunkley-Bent OBE, rewards trust that meet 10 safety actions designed to improve the delivery of best practice in maternity and neonatal services. https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-Trusts/maternity-incentive-scheme/

Abbreviation	Meaning
MSI	Maternity Serious Incident is defined as an incident that occurred in relation to maternity services and care resulting in one of the following: Acts or omissions in care that result in; unexpected or avoidable death. injury required treatment to prevent death or serious harm, abuse.
MSIOG	Maternity Serious Incident Oversight Group. Established in 2020 by NW London LMNS to provide a sector-wide forum for review and shared learning from serious incidents. This is an open monthly forum where serious incidents cases are discussed, and learning disseminated using thematic reviews.
MVP	Maternity Voices Partnership is an NHS working group of service users, commissioners, community organisations and health professionals (midwives and doctors) who work together to review and contribute to the development of local maternity care.
MYCaW	MYCaW® is an individualised questionnaire designed for evaluating holistic and personalised approaches to supporting people.
Mat-Neo SIP	Maternity Neonatal Safety Improvement Programme aims to improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high-quality healthcare experience for all women, babies and families across maternity and neonatal care settings in England. It also aims to contribute to the national ambition, set out in Better Births of reducing the rates of maternal and neonatal deaths, stillbirths, and brain injuries that occur during or soon after birth by 50% by 2025.
NND	Neonatal death is defined as the death of a live born infant, regardless of gestational age at birth, within the first 28 completed days of life.
NW London	North West London.
NW London LMS	North West London Local Maternity System.
PCSP	Personalised Care and Support Planning is a series of facilitated conversations in which the person, or those who know them well, actively participates to explore the management of their health and well-being within the context of their whole life and family situation.
PPHS	Postnatal Pelvic Health Service is the provision of support and care to pregnant women and new mums to prevent and treat incontinence and other pelvic floor issues. A Long-Term Plan ambition for all maternity services in England to establish by 2025. NW London was selected as an early implementer site for a three-year pilot.

Abbreviation	Meaning
PTB	Preterm Birth is defined as babies born alive before 37 weeks of pregnancy are completed.
PMRT	Perinatal Mortality Review Tool is a tool used to standardise perinatal mortality reviews across NHS maternity and neonatal units in England, Scotland and Wales.
PDSA	Plan, Do, Study, Act is an iterative, four-stage problem-solving model used for improving a process or carrying out change.
QSIR	Quality Service Improvement and Redesign encompasses, theories and techniques that can be applied to a wide variety of situations to improve care and outcomes.
QI	Quality Improvement is the continual actions to improve outcomes for service users and to develop the workforce that supports them using systematic methods.
SB	A Stillbirth refers to the death of a baby after 24 completed weeks of pregnancy whilst it is still in the womb.
SI	Serious Incidents include acts or omissions in care that result in: unexpected or avoidable death, unexpected or avoidable injury resulting. in serious harm – including those where the injury required treatment to.
SOP	A Standard Operating Procedure is a set of written instructions that describes the step-by-step process that must be taken to properly perform a routine activity.
SFP	Smoke Free Pregnancy refers to a pregnancy free from the harms of smoking including second hand passive exposure from the pregnant persons environment.
SSP	Supportive Signposting is the support offered to pregnant women with any social concerns to be signposted in to services to help.
SRO	Senior Responsible Officer is a senior clinician or executive in a designated body who ensures that the group, for whom they act in this nominated capacity, continue to practice safely and are properly supported and managed in maintaining their professional standards.
THH	The Hillingdon Hospitals one of the four acute hospital trusts in NW London providing maternity services.

Appendix 2:

What type of organisations we work with / list of organisations we work with.

Educational Support

- Maternity/Community Champions
- Maternity Voice Partners

Social Services – Mental Health

- Specialist Perinatal Mental Health Services
- Westminster Perinatal Mental Health Team
- West London Mental Health Trust
- Chelsea and Westminster Perinatal Mental Health Service
- Harrow Perinatal Mental Health Service
- Brent Perinatal Mental Health Service
- Hillingdon Perinatal Mental Health Service
- Central and North West London NHS Trust Single Point of Access
- The Grenfell Health & Wellbeing Service
- North Kensington and Chelsea Community Mental Health Team
- South Kensington and Chelsea Community Mental Health Team

Social Services – IAPTS

- Westminster Talking Therapies Service (IAPT)
- Ealing IAPT
- Hounslow IAPT
- Community Living Well – Kensington and Chelsea Talking Therapies Service (IAPT)
- Harrow Talking Therapies Service (IAPT)
- Back on Track (Hammersmith)
- Brent Talking Therapies
- CNWL Hillingdon Talking Therapies Service (IAPT)

Social Services – Bereavement Services

- Maternity Trauma and Loss Care Service (M-TLC)
- SANDS (National) – The Stillbirth and Neonatal Death Charity - Supporting anyone affected by the loss of a baby.
- West London Sands, Buckingham.
- Hestia - Phoenix Project – supporting adults and children in time of crisis
- Maternity Bereavement Service, St Mary's Hospital
- Maternity Bereavement Service, Queen Charlotte's and Chelsea Hospital
- The Good Grief Trust – Helping all those effected by grief in the UK
- Petals Charity – The Baby Loss Counselling Charity
- Tommy's – Charity committed to saving babies' lives.
- Miscarriage Association (national) – Offer support and information to anyone affected by the loss of a baby in pregnancy.
- Chelsea and Westminster Maternity Bereavement (bereavement office?)
- Child Bereavement UK – UK charity supporting families and educating professional when a baby or child of any age dies or is dying or when a child is facing bereavement
- The Loss Foundation (national) – UK charity dedicated to providing bereavement support following the loss of a loved one to cancer.
- Cruse Bereavement Care (Kensington and Chelsea, Hammersmith and Fulham).
- Brent Bereavement Support

Social Services – Voluntary and Charity

- MIND (national) – National Charity providing advice and support to anyone experiencing a mental health problem.
- MIND in Brent, Wandsworth and Wesminster
- MIND in Ealing, Hounslow, Hammersith and Fulham
- MIND in Kensington and Chelsea
- MIND in Harrow
- MIND in Hillingdon
- Connected Lives (circle of Security) – Providing help, support and courses to improve family relationships
- HeadsUp Mental Health Network - Working with children and young people, promoting understanding, raising awareness and breaking down the stigma that surrounds mental health issues
- Shewise - Charity that supports the educational, economic, and social development of ethnic minority women.
- Westminster Befriend a Family – supports families and young people to identify and achieve their goals.
- Project Connect and Change - service provided by Each Counselling in Brent aimed at helping people from black and minority ethnic communities (BAME) to sustain better mental health and wellbeing.
- Tamil Trauma & Mental Health – specialist service provided by Each Counselling for Sri-Lankan Tamil speaking residents of Hillingdon.
- Samaritans (national) - offering listening and support to people and communities in times of need.
- Sunshine of Hounslow – supporting isolated men and women in the community through health and wellbeing interventions
- Brent Irish Advisory Service (BIAS) – striving to improve the wellbeing of the Irish community in Brent
- SANEline – national out of hours mental health helpline offering emotional support, guidance and information to anyone affected by mental illness.
- Wellbeing Network Hounslow – social network that connects people, organisations and services to help reduce stigma and mental illness.
- Solace Centre - Ealing's daily out of hours mental health resource centre combating loneliness and isolation through social inclusion.

Religious/Faith Groups

- London Borough Faith Networks
- Bell Farm Christian Centre
- Bless Community Church
- Brent Multi Faith Forum
- St John's Ealing
- Ealing Abbey Parish
- Ealing Liberal Synagogue
- Chabad of West London
- Shri Kanaga Thurkkai Amman Temple
- Arya Samaj London

Children's centre/Family Wellbeing Centres

Westminster

- Bessborough Family Hub
- Church Street Children's Centre
- Queens Park Children's Centre

Ealing

- Academy Gardens Childrens Centre
- Acton Park Childrens Centre
- Copley Close Childrens Centre
- Dormers Well Children's Centre
- Grange Children's Centre
- Greenfields Children's Centre
- Grove House Children's Centre
- Hanwell Children's Centre
- Hathaway Children's Centre
- Havelock Children's Centre
- Horsenden Children's Centre
- Islip Manor Children's Centre
- John Perryn Children's Centre
- Jubilee Children's Centre
- Limetrees Children's Centre
- Log Cabin Children's Centre
- Maples Children's Centre
- Northolt Park Children's Centre
- Perivale Children's Centre
- Petts Hill Children's Centre
- South Acton Children's Centrre
- Southall Park Children's Centre
- West Twyford Children's Centre
- Windmill Children's Centre

Hounslow

- Alf King Childrens Centre
- Bedfont Childrens Centre
- Crane Park Childrens Centre
- Brentford Childrens Centre
- Chiswick Childrens Centre
- South Isleworth Childrens Centre
- Cavendish Primary School
- Beavers Childrens Centre
- Cranford Childrens Centre
- Lampton Childrens Centre
- Midsummer Childrens Centre

Kensington & Chelsea

- Cheyne Childrens Centre
- Clare Gardens Childrens Centre
- Golbourne & Maxilla Childrens Centre
- Holmfeld House Childrens Centre
- Ilys Booker Centre
- Petra Place Nursery and Therapy Centre
- St Cuthberts with St Matthias CE Primary School and Earl's Court Childrens Centre
- St Mark's Stay and Play
- St Quintin's Centre for Disabled Children and Young People

Harrow

- Harrow Childrens Centre
- Kenmore Park Children's Centre
- Cedars Childrens Centre
- Chandos Delivery Site
- Elmgrove Delivery Site
- Grange Delivery Site
- The Pinner Centre
- Stanmore Park Delivery Site
- Whitefriars Childrens Centre

Hammersmith & Fulham

- Bayonne Children's Centre
- Cathnor Park Children's Centre
- Edward Woods Community Centre
- Flora Gardens Children's Centre
- Fulham Central Children's Centre
- Masbro Brook Green Children's Centre
- Masbro Children's Centre
- Melcombe's Children's Centre
- Old Oak Community and Children's Centre
- Randolph Beresford Children's Centre
- Ray's Playhouse
- Shepherds Bush Family Project

Brent

- Alperton
- Fryent Primary School
- Granville Plus
- Curzon Crescent and Fawood
- Preston Park
- Three Trees
- St Raphael's
- Willow SEND
- Wykeham Children's Centre

Hillingdon

- Barra Hall Children's Centre
- Charville Children's Centre
- Cherry Lane Children's Centre
- Colham Minor Children's Centre
- Coteford Children's Centre
- Harefields Children's Centre
- Oak Farm Children's Centre
- Pinkwell Children's Centre
- South Ruslip Children's Centre
- Uxbridge Children's Centre
- Yeadings Children's Centre
- Yiwesley Children's Centre

Domestic Abuse

- Angelou – Advance Charity
- Westminster Council Domestic Abuse Resources
- National Domestic Violence Helpline
- Victim Support (National)
- Hestia
- Southall Back Sisters
- Women's Wellness Zone – Ealing
- Advance Domenstic Violence Service – Ealing
- Eastern European Service – Refuge
- Women and Girls Network
- Ealing Council Domestic Abuse resources
- Hounslow Council Community Safety
- Hounslow Council Domestic Abuse resources
- Arabic Women's Project at Al-Hasaniya
- Royal Borough of Kensington & Chelsea Domestic Abuse resources
- EACH: Domestic Abuse Counselling
- Jewish Women's Aid
- Asian Women's Resource Centre
- The Phoenix (P&A Project)
- Minerva WrapAround – Advance charity
- Karma Nirvana
- Dawn Diwa Asian Women's Network
- Harrow Council Domestic Abuse resources
- Women's Aid
- Forced Marriage Unit – Gov
- Hammersmith & Fulham Council - Domestic Abuse resources
- Asian Women's Support Centre
- Brent Domestic Abuse MARAC
- Brent Council Domestic Abuse Resources
- Hillingdon DA MARC
- Hillingdon Independent DV Advocates
- Galop – national LGBT & Domestic Abuse
- Richmond Fellowship
- Rape Crisis
- Hillingdon Women's Centre

Housing

- Westminster Council
- Housing Options Team
- Hounslow Council
- Royal Borough of Kensington & Chelsea
- Harrow Council
- Hammersmith & Fulham Council
- Brent Council
- Hillingdon Council
- Sanctuary scheme
- Westminster Hub
- The Westminster Almshouses Foundation

Ante Natal Support

- Bump & Baby Club
- NCT (National)
- Westminster NCT
- Ealing NCT
- Hounslow NCT
- Kensington & Chelsea NCT
- Harrow NCT
- Chiswick & Hammersmith NCT
- North West London NCT
- Hillingdon NCT
- Parent Support NWL
- Reach Academy
- Bumps & Babies
- Change4Life

Post Natal Support – Breast Feeding Support

- The Breastfeeding Network Helpline
- Online Breastfeeding Support
- Joe and the Juice
- Reach Academy 53
- Randolph Beresford drop in Breast feeding clinic
- Queens Park Childrens Centre
- NCT Helpline
- Central London Community Healthcare NHS Trust
- Brent Infant Feeding
- Breastfeeding Support
- La Leche League Helpline
- Fulham NCT Mum's Group- Breastfeeding Support
- Infant Feeding Support (information from local breastfeeding counsellor)
- Fulham Central Baby Café
- Baby Buddy app
- Family Support
- Chelsea and Westminster Hospital Breastfeeding Workshop
- Café Mama Westminster early help

Health Visiting

- Colville Health Centre
- World's End Health Centre
- The Medical Centre Westminster
- Bessborough Centre
- Lisson Grove Health Centre
- Harrow Health Visiting Service
- Central London Community Health Care
- Health Visitor Hub
- 0-19 Childrens Services – CLCH
- Violet Melchett Clinic

Home Start

- Home Start Westminster
- Hone Start Ealing
- Home Start Richmond, Kingston & Hounslow
- Home Start Barnet, Brent & Harrow
- Home Start Hillingdon

Voluntary: Voluntary Council Service

- One Westminster
- National Council for Voluntary Organisations
- Ealing & Hounslow CVS
- Hounslow Voice Network (HVN)
- Kesington and Chelsea Social Council
- Voluntary Action Harrow
- Sobus
- CVS Brent
- Hillingdon Association of Voluntary Services
- Ealing & Hounslow Community Voluntary Service

Voluntary Sector – Community

- Connected Lives (Circle of Security)
- MIND – Ealing and Hounslow
- Shewise
- Westminster Befriend a Family
- HeadUP Mental Health Network
- Sunshine of Hounslow
- Brent Irish Advisory Service
- Tamil Trauma & Mental Health
- Project Connect and Change
- Smaritans
- SANEline
- Wellbeing Network Hounslow
- Solace Centre – Ealing

Healthwatch

- Healthwatch Central West London
- Healthwatch Ealing
- Healthwatch Hounslow
- Healthwatch Central West London
- Healthwatch Harrow
- Healthwatch Hammersmith & Fulham
- Healthwatch Brent
- Healthwatch Hillingdon

Peer Support

- Women's Trust
- Hestia
- Arabic Women's Project at Al-Hasaniya
- DAWN – Diwa Asian Women's Group
- Rethink Mental illness
- Richmond Feollowship Employment and Wellbeing Service
- Commnity Living Well Peer Support
- Moms on a Mission (MOM)
- Boloh Helpline
- Maternity Champions
- MVP – National Maternity Voices

Maternity Units

- Haven't listed NHS, Private, pre term & Multiple births

FGM services

- Sunflower Clinics
- FGM Helpline (NSPCC)
- National FGM Support Clinics

Community midwives

- Brent community midwives
- Community midwifery office

Post-natal clinic

- Granville Children's centre
- Harmony Children's centre
- Lonsdale Medical Clinic
- Bayswater Children's centre
- Church Street Children's centre
- Queen's Park Children's centre
- Westbourne Children's centre

Other Services / Baby & toddler groups

- Baby Sensory Fulham
- Daniel's Den
- Family Forest School
- Baby sensory Isleworth
- Baby Sensory Whitton
- All Saints Fulham

Early help team

- Early help Hounslow
- Help for families' service
- Children's Access team
- Family services
- Team Around the Family

Children's social care

- Harrow Mash
- Hillingdon Mash
- Kensington and Chelsea children and Adult social care services
- Children and Families information services

Miscellaneous

- Your Voice in Health and social care
- Cry-sis

Trussell Trust

- Eailing food bank
- Hounslow community foodbox
- Trussell Trust Notting Hill
- Trussell Trust Harrow food bank
- Trussell Trust Hammersmith and Fulham foodbank
- Trussell Trust vestry Hall

Food banks

- HCM Helping hands
- Brent food bank
- Suffra food bank and Kitchen
- Response food bank
- SMART
- St Luke's Vestry Food bank club
- ST Mathew's food bank
- WAND UK
- Venture Centre

Appendix 3:

Milestone
Completed Activity
Green - commenced on track
Amber - at risk of delay
Red - delayed
Grey - not started

			2022-23		2023-24				2024-25				2025-26			
Planning guidance ref	**Objective**	**Actions**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
	Priority 1: Restore NHS services inclusively	**Intervention 1: continue to implement the Covid-19 four actions**														
		Fully embed the Covid-19 screening tool both the antenatal and postnatal elements at all units														
		Audit Covid-19 screening tool for effectiveness														
		Evaluate impact of tailored communications – healthy pregnancy poster, reduced fetal movement videos														
		Evaluate impact of routine vitamin D testing for all pregnant women at LNWUHT														
		In collaboration with Primary Care and Medicine Management Develop standardised NW London agreement for testing and treatment of vitamin D deficiency in pregnancy														
		Work with providers to improved capture of ethnicity and derivation status and reporting on maternity IT systems														
	Priority 2: Mitigate against digital exclusion	**Intervention 1: Ensure personalised care and support plans (PCSPs) are available in a range of languages and formats**														
		Identify maternity service users facing potential digital exclusion areas and provide the necessary support to facilitate best use of digital tools and systems														
		Share Digital Inclusion resources for front-line staff to signpost residents to digital solutions in their local areas														
		Develop and implement a Digital Champion model														
	Priority 3: Ensure datasets are complete and timely	**Intervention 1: on maternity information systems continuously improve the data quality of ethnic coding and the mother's postcode**														
		Develop and Submit NWL Maternity Digital Strategy														
		Enhance MSDS submission and the accuracy of the data by implementing a new process prior the final submission														
		Upgrade maternity IT systems														
		Regular data quality checks via LMS digital meeting														
		To capture data on MCoC teams, deprivation and ethnicity. Monitor quality and progress with monthly dashboard check and MSDS submissions														

Planning guidance ref	Objective	Actions	2022-23		2023-24				2024-25				2025-26			
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes																
	Priority 4a: Understand your population and coproduce interventions	**Intervention 1: understand the local population's maternal and perinatal determinants of health)**														
		Build population health dashboards to provide a picture of change over time														
4a: Understand your population and co-produce interventions		Investment in resource to facilitate easy extraction of data from maternity information systems is needed														
		Retrieve, clean and analyse maternity information system data sets to get a better overview of maternity outcomes by ethnicity and deprivation														
		To analyse provider process indicators and outcomes by ethnicity to ensure that resources are proportionally directed across the system to areas of highest acuity by ethnicity														
		LMS to work collaboratively with borough based partners to share, understand data and to better understand the correlation between maternity outcomes and social determinants of health														
	Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes	**Intervention 2: map the community assets which help address the social determinants of health**														
		Mum & Baby App: Complete full app translation into Romanian, Guajarati, Hindi, Arabic and Somali														
		Pilot integration with Care Information Exchange														
		Increased promotion of and awareness of Mum & Baby app content and functionality														
		Supportive Signposting: Work with the ICS partners to establish future SSP sustainability and standardisation														
		Recommence in-depth data collection and collation on ethnicity of users of the SSP service and to include deprivation data														
		Maternity Champions & Voluntary sector services: Explore expansion of maternity champions programme to outer 5 boroughs														
		Increase collaboration with maternity champions and wider voluntary sector														
		Domestic abuse services/charities: enhanced engagement to ensure resources are available for distribution to the pregnant and postnatal populations they serve														
		Work collaboratively with people having lived experience to design services/clinics that meet all cultural and diverse needs														
		Religious support groups: MTP engagement lead to develop sustainable communication methods to share information between service providers and users, build trust and collaboration in future maternity service design														

			2022-23		2023-24				2024-25				2025-26			
Planning guidance ref	**Objective**	**Actions**	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4a: Understand your population and co-produce interventions		Children's centres and family hubs: MTP engagement lead develop communications methods to share information between sectors. This will allow maternity services to work with teams to have more understanding of the needs of the services users, reasons that for reluctance to engage with some health interventions and also extends the reach of information that needs to be disseminate to pregnant and postnatal pregnant people and their families														
	Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes	**Intervention 3: conduct a baseline assessment of the experience of maternity and neonatal staff by ethnicity using WRES indicators 1 to 8**														
		Ensure that training is rolled out for staff to increase awareness of diversity and inclusion issues														
		Reviews of organisational/departmental culture potentially impacting diversity														
		Recruitment of cultural safety champions (with protected time to fulfil the role)														
		Strengthen diversity and inclusion through ensuring that there is ethnic minority representation in all recruitment selection process, at interviews and working as part of the team to improve staff experience														
		Adoption of the Capital Midwives Civility Toolkit														
		Access to detailed localised data to help the LMNS to understand what is taking place in each maternity unit and thus enable the LMNS to develop an action plan to mitigate the existing challenges and make a positive impact before the next round of survey, with an aim for year on year improvement														
		Develop a WRES action plan to improve the experience of the staff and system partners														
	Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes	**Intervention 4: set out a plan to co produce interventions to improve equity for mothers, babies and race equality for staff**														
		Work in partnership across the ICS to reach out into the community and hear the views of our people														
		Targeted engagement focusing on MCoC, MMN, FM, AIP, Pre-term Birth & Smoke free pregnancy														
		Support development of ICS strategy and population health and care inequalities strategy by ensuring public involvement in ICS/ICP decision-making														
		Working with local authorities to develop a coordinated programme of outreach and community research in our population in each borough, using population health and outcomes data, as well as existing grassroots community knowledge, to target specific communities as appropriate														

			2022-23		2023-24				2024-25				2025-26			
Planning guidance ref	Objective	Actions	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4a: Understand your population and co-produce interventions		Holding a weekly Public Maternity Engagement Feedback Forum where residents and current or past service users can share experiences and suggestions about Maternity Services in North West London and hear more about the work going on to improve equity and equality														
		Holding quarterly 'collaborative spaces' in each borough: open community conversations where health and care professionals come together with the public and stakeholders to discuss healthcare issues. The agenda for these meetings will be co-designed with residents; it is important to recognise that issues raised unprompted by local people can provide important insights. (These conversations may be combined with existing arrangements at borough level where appropriate)														
		Enabling easy and accessible feedback from the public through an online survey in the form of a questionnaire about local Maternity services. With resulting data to be analysed monthly and shared at Maternity Transformation meetings and suggestions for improvements to be transparent to all trusts														
		Begin engagement with the workforce to share feedback on their staff experience within the maternity sector and share insight in Maternity transformation meetings to enable opportunity to develop strategies for a more satisfied and engaged workforce. Working on building increased support for mental health and wellbeing and enable a more supportive, inclusive and diverse work environment at all levels														
		ICB to publish monthly insight reports setting out what we are hearing from our residents														
		Ensuring that residents are represented and supported to participate equally on key ICS and borough-based work streams so that there are always a resident/patient voices in the room. Build on the success of the Imperial lay partner programme by sharing learning across the system														
		Working with public health directors to deliver integrated public health campaigns on agreed topics														
		Specifically target and work with groups with specific needs, including people with long term conditions, black and minority ethnic communities, people with disabilities including people with learning difficulties and autism, traveller communities, children and young people, older people, mental health service users, LGBT communities, family carers and others. This work will be carried out at borough level, based on local health data and insights														
		Ensuring NHS service change programmes and key ICS and borough-based work streams carry out appropriate public involvement or consultation – this work can be led at Trust, provider collaborative or ICS level as appropriate														
		Ensuring that our duties under equalities legislation are met and exceeded by putting in place ICB oversight of equalities impact assessments, conducting appropriate gap analyses of which communities and groups we talk to														

Planning guidance ref	Objective	Actions	2022-23		2023-24				2024-25				2025-26			
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4a: Understand your population and co-produce interventions		Recognising digital exclusion by ensuring a good mix of in-person and online engagement with people and communities														
		Use our 3,800-strong, demographically representative Citizens' Panel to deliver surveys and focus group research across the ICS and to disseminate healthcare information														
		Developing and maintaining a strong focus on hearing from people who are furthest from decision making by working with grassroots community organisations, charities, churches, employers, schools, patient groups, MPs and councillors, Health watch and residents' associations to maximise our reach in to local populations														
		Coordinating social media activity across the sector, especially on maternity public health campaigns, service change programmes and promoting public events and involvement opportunities. We will use a multi-channel approach, including film and infographics, to get information across														
		Continuing to work proactively and reactively with the media so that we can communicate important messages to local people and other stakeholders														
		Developing our single website housing ICB and ICS content and this site will link to all partner organisations' websites. Which incorporates information about Maternity														
		This is a three-year strategy, which will be iterated depending on insights and developments in year one. Year two and three objectives will build on year one, with specific objectives to be added depending on insights received, specific ICS/ICB programmes and population health and care metrics														
	4b Action on perinatal mortality and morbidity	**Intervention 1: implement maternal medicine networks to help achieve equity**														
4b Action on maternal mortality, morbidity and experience		Engage with service users, clinicians and allied healthcare in the region to inform, educate and support their understanding and referral to any of the services of the MMN														
		Co-produce leaflets, posters and information with MVP to share within region														
		Review and strengthen online consultations to reduce unnecessary travel for women in the region														
		Complete ITU admissions audit including ethnicity and deprivation and present to regional and London region														
		Complete maternal death audit for the last 3 years, including ethnicity and deprivation data														
		Ensure that audit gathering is completed and submitted from each trust including ethnicity and deprivation data														
		Review stillbirth and NND monthly including ethnicity and deprivation data														

Planning guidance ref	Objective	Actions	2022-23		2023-24				2024-25				2025-26			
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4b Action on maternal mortality, morbidity and experience		Continue regular training and education programs in conjunction with the London networks														
		Update all Trust websites with information on maternal medicine networks for women														
		Provide education on maternal medical conditions to all clinicians including primary care, and any other health professional who may encounter women who have medical conditions and are of childbearing age														
		Map fetal medicine services across the region														
		Establish fetal medicine subspecialist in each hospital in the region														
		Establish maternity voices partnership presence for each services to co-produce services and information for women and birthing people														
		Agree London Ambulance transfer pathway for AIP														
		Develop agreed key performance indicators														
		Collect ethnicity and deprivation data on all women referred to fetal medicine and AIP services														
	4b Action on perinatal mortality and morbidity	**Intervention 2: offer referral to the NHS Diabetes Prevention Programme to women with a past diagnosis of gestational diabetes mellitus (GDM) who are not currently regnant and do not currently have diabetes**														
		By April 2023, there will be pathways in place to refer women who have been diagnosed with gestational diabetes to the NHS DPP services														
		Quarterly reports to the LMNS on how many women with protected characteristics are referred to the service for follow up and whether they attended														
		All women who meet criteria for gestational diabetes screening according to NICE guidance are screened at the recommended gestations by April 2024 in all hospital trusts in the region														
	4b Action on perinatal mortality and morbidity	**Intervention 3: implement NICE CG110 antenatal care for pregnant women with complex social factors**														
		Establish maternity safeguarding clinical reference group														
		Scope and analyse the range of complex social information available from ICS data sets														
		Develop key process and performance indicators to establish the impact of social complexities on pregnancy and birth outcomes														

Planning guidance ref	Objective	Actions	2022-23		2023-24				2024-25				2025-26			
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4b Action on maternal mortality, morbidity and experience	**4b Action on perinatal mortality and morbidity**	**Intervention 4: implement maternal mental health services with a focus on access by ethnicity and deprivation**														
		To improve data quality across the MMHS service including ethnicity and IMD														
		To re-evaluate the service in April 2023														
		To develop a programme of mini audits for the service														
		To promote to GPs and wider primary and community services														
		To further develop relationships with community organisations – accessing representative population														
	4b Action on perinatal mortality and morbidity	**Intervention 5: ensure personalised care and support plans are available to everyone**														
		LMS level audit of PCSP uptake at all maternity units as per national guidance														
		PCSP implementation evaluation, including deprivation and ethnicity breakdown on PCSP usage														
		Via the audit, evaluate the quality of personalised discussions														
		We will work with the Business Intelligence and Digital teams to improve data quality and MSDS submissions as well as upgrade our infrastructure and information systems in maternity														
		Review and continue monitoring the PCSP engagement and communication strategy														
		Devise a method to monitor PCI training compliance														
		Create a strategy for further incorporating the motivational interviewing approach into healthcare consultations														
		Explore and consider participation in the London regional personalised care working groups														
		The enhanced MCoC teams will aid in the implementation of PCPs for black, Asians, and minority ethnic groups, as well as those living in low-income areas														
	4b Action on perinatal mortality and morbidity	**Intervention 6: ensure the MVPs in your LMS reflect the ethnic diversity of the local population, in line with NICE QS167**														
		A strategy to create a more robust and accessible system for MVP involvement and more diverse service user representation across North West London is being designed														
		Formative plans are in evolution where, alongside MVPs, a newly established network will be created with regular contact and further involvement of local systems and people														

Planning guidance ref	Objective	Actions	2022-23		2023-24				2024-25				2025-26			
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Service evaluation includ+133:139ing birthing people's experience of PPHS	**Intervention 7: Establish a perinatal pelvic health service**														
		Work towards national KPI's related to service														
		Service evaluation including birthing people's experience of PPHS														
		Provide education for staff on the service and pathways of care														
4c Action on perinatal mortality and morbidity	**4c Action on perinatal mortality and morbidity**	**Intervention 1: implement targeted and enhanced continuity of carer, as set out in the NHS Long Term Plan. This means that, as continuity of carer is rolled out to most women, women from Black, Asian and Mixed ethnic groups and women living in deprived areas are prioritised, with 75% of women in these groups receiving continuity of carer by 2024. It also means ensuring that additional midwifery time is available to support women from the most deprived areas**														
		NWL LMNS works collaboratively with system partners to have a clear strategy for the implementation of MCoC. The action plan has several recommendations														
		Targeted staff and service user engagement strategy including staff workshops and open forums focusing on the building blocks														
		work closely with MVPs and service users in engaging the hard to reach groups of population and promote co production														
		ICS review of estates, to ensure that procurement of estates for provision of maternity services in community locations is fair and equitable across the system. With hubs located in areas of greatest need														
		Coaching training will continue for second year aiming to receive train the trainer sessions to gain sector wider trainer to cascade the training in future. We also aim to implement the principles and create a new culture across the sectors														
		We are also planning a further analysis of the MCoC audit is planned to take place by the end of the year in order to evaluate the service for 2019-21														
		Upgrade the infrastructure and the information systems to improve use in the community														

Planning guidance ref	Objective	Actions	2022-23		2023-24				2024-25				2025-26			
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4c Action on perinatal mortality and morbidity	**4c Action on perinatal mortality and morbidity**	**Intervention 2: implement a smoke-free pregnancy pathway for mothers and their partners**														
		Agreed sector wide guideline for tobacco cessation services for service users of maternity services and acute providers														
		Establish in house tobacco cessation services that work collaborative across services/specialities/ departments developing system wide referral pathways														
		Create and cement referral links between acute/ maternity providers and local authority lead tobacco cessation services to ensure babies are discharged to smoke free homes														
		Aid transformative options to facilitate data collection with ease to monitor the KPIs set out by MatNeoSIP, Long Term Plan, SBLv2 and those that are agreed at the NW London ICB Tobacco steering group including ethnicity and IMD of smokers														
		Improve data collection on White other ethnic groups														
	4c Action on perinatal mortality and morbidity	**Intervention 3: implement an LMS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas**														
		Gap analysis will be undertaken to establish quality, quantity and consistency of infant feeding support across the sector, ensuring that no population or community is without access to infant feeding support in either acute or community settings														
		Develop ICS strategy for infant feeding														
		Strategy implementation														
	4c Action on perinatal mortality and morbidity	**Intervention 4: culturally-sensitive genetics services for consanguineous couples**														
		Collect ethnicity and IMD data For those who use NW London genetic services														
		Establish a working group to run a campaign across NWL, include service users and a wide range of primary health care clinicians														
		Co-produce information with service users from communities affected														

Planning guidance ref	Objective	Actions	2022-23		2023-24				2024-25				2025-26			
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4b Action on perinatal mortality and morbidity	**4d Support for maternity and neonatal staff**	**Intervention 1: roll out multidisciplinary training about cultural competence in maternity and neonatal services**														
		Recruit dedicated cultural safety champions in each maternity unit														
		Integrate cultural safety standards collaboratively with the neonatal colleagues														
		All maternity units cultural safety champions and senior managers to attend bespoke training														
		Roll out cultural safety training to all staff during mandatory education study days														
		LMS Cultural safety group to monitor, develop and provide assurance to LMS board of the implementation of LMS equality and equity strategy														
	4d Support for maternity and neonatal staff	**Intervention 2: when investigating serious incidents, consider the impact of culture, ethnicity and language**														
		Improve capture /reporting of ethnicity, language and IDM														
		Prioritise and monitor plans/ implementation of QI projects arising from SI														
		Spreadsheet of serious incidents to collate themes including data on ethnicity and IDM														
		Conduct annual thematic analysis of serious incidents themes from across the sector														
	4d Support for maternity and neonatal staff	**Intervention 3: implement the Workforce Race Equality Standard (WRES) in maternity and neonatal services**														
		Providers to Implement ambitions for indicators 1-8 stated in the ICB WRES action plan														
		LMS to monitor progress, challenge and provide assurance towards achieving ambitions stated in the ICB WRES action plan														

			2022-23		2023-24				2024-25				2025-26			
Planning guidance ref	Objective	Actions	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4e Enablers	4e Enablers	**Intervention 1: establish community hubs in the areas with the greatest maternal and perinatal health needs**														
		ICS level mapping of all community estates, with agreed solutions to support the expansion of MCoC services in communities														
	4e Enablers	**Intervention 2: work with system partners and the VCSE sector to address the social determinants of health**														
		Ensure that there is open communication amongst partners and to provide an avenue for any citizen to communicate with the maternity arm of the ICB and the wider ICB														
		Ensure there is pregnancy and birth information and education accessible to all														
		Ensure services are accessible to all regardless of language barriers and location														
		Ensure to take into account the people and culture of the population we work with and support														
		Build trust between the residents in the population and the health services. Taking into account different avenues that reach the population including religious organisations, community groups and leaders and/or changing mind-sets by addressing barriers or preconceived ideas in both population and health care professionals														
		Ensure we can include our local communities into planning process of services														
	Priority 5: Strengthen leadership and accountability															
		Contribute to developing the NW London ICS strategy														
		Complete outstanding actions on the LMNS capabilities and capacity framework														
		Strengthen relationships with all ICS stakeholders in maternity and neonatal services														

North West London
Integrated Care System

North West London Integrated Care System and Local Maternity System

Equity and equality analysis and action plan for maternity services