

Equality and Equity needs assessment

Norfolk and Waveney
Local Maternity System



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1.0 Background

MBRRACE-UK reports about maternal and perinatal mortality show worse outcomes for those from Black, Asian and Mixed ethnic groups and those living in the most deprived areas. In September 2021, NHS England responded to those findings by issuing guidance to Local Maternity Systems (LMS). This guidance is structured around the five health inequalities priorities described in the 20/21 priorities and operational planning guidance: Implementation guidance.

The Marmot review called for action to address health inequalities to be universal, but with a scale and intensity proportionate to the level of disadvantage; this is known as 'proportionate universalism'

The MBRRACE-UK reports about maternal and perinatal mortality show worse outcomes for those from Black, Asian and Mixed ethnic groups and those living in the most deprived areas. And there is strong evidence highlighted in the NHS People Plan that: "...where an NHS workforce is representative of the community that it serves, patient care and...patient experience is more personalised and improves".

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

The NHS has therefore set out two aims for maternity and neonatal care:

- To improve equity for mothers and babies from Black, Asian and Mixed ethnic groups and those living in the most deprived areas.
- To improve equality in experience for staff from minority ethnic groups.

Priority 1: Restore NHS Inclusivity

Priority 2: Mitigate against digital exclusion

Priority 3: Ensure datasets are complete and timely

Priority 4: Accelerate prevention programmes that engage those at greater risk of poor health outcomes

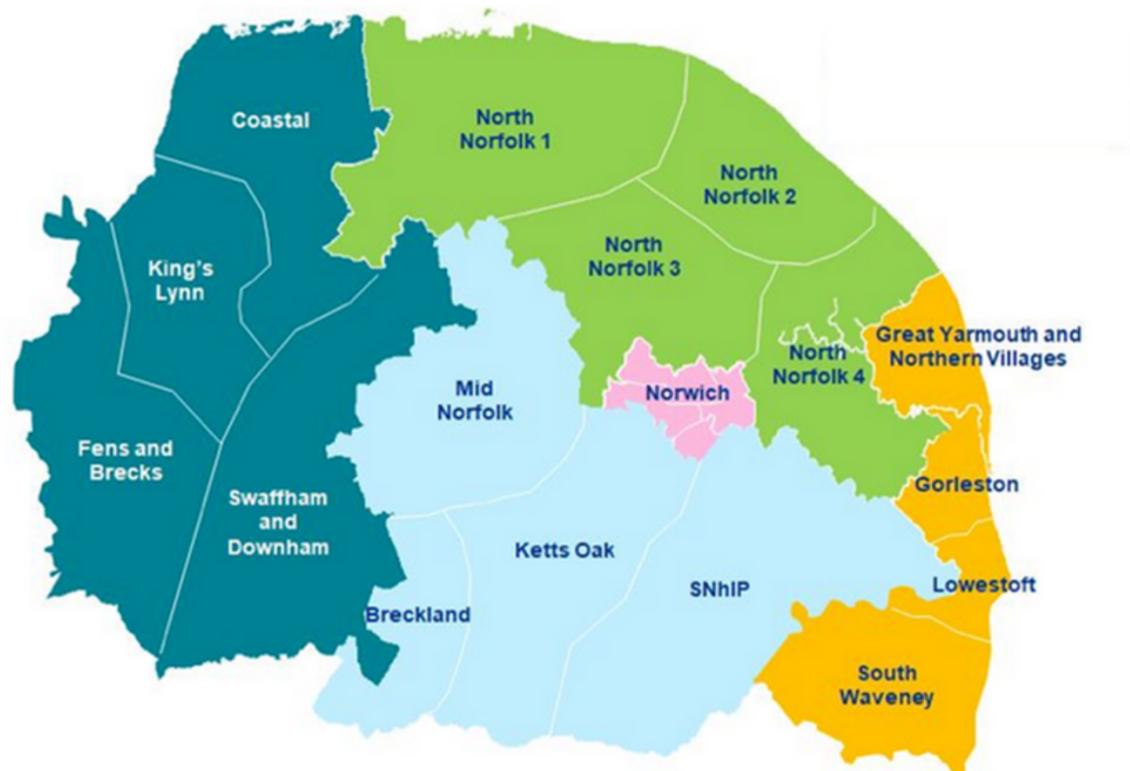
Priority 5: Strengthen leadership and accountability

2.0 Introduction

2.1 Our area

We are largely a rural county. People tend to live in the city of Norwich, in market towns - such as King's Lynn, Aylsham, Dereham, Swaffham, Wymondham, Thetford, Fakenham and North Walsham - and in coastal towns - such as Great Yarmouth, Lowestoft, Cromer, Sheringham and Hunstanton.

This map shows our 17 primary care networks, five localities and our whole system:



2.2 Our people

Population

- The population is around 1,033,00.
- The population is expected to grow by about 110,000 people between 2020 and 2024, the largest growth is expected in the older age bands.

Ethnicity

- The area is less ethnically diverse than England, about 9% of Norfolk and Waveney is non-white British compared to about 21% of the Population of England.
- The area has one of the lowest percentage of births to mothers from Black and Minority Ethnic groups however, there are a number of other Ethnic groups and communities across Norfolk for whom the risk of poorer outcomes is higher e.g mothers from outside the UK.

Deprivation

- Almost 164,000 people in Norfolk and Waveney live in communities that are in the 20% most deprived in England.
- The most deprived communities are the urban areas of Great Yarmouth, Kings Lynn, Lowestoft, Norwich and Thetford. But there are also pockets of deprivation in rural areas too.

2.3 Our Local Health Structure



Within Norfolk and Waveney there are 5 NHS trusts- 3 acute, 1 community and 1 mental health:



The diagram describes how our ICS will work and where this NHS clinical strategy sits within the developing system.

However, while this is our plan for clinical services, it will complement, inform, and be integral to wider integration developments between the NHS, local government and the voluntary sector.

Norfolk and Waveney ICS
Our ICS will be led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy.



2.4 Our Local Maternity System



The Norfolk and Waveney Local Maternity System consists of three trusts; Norfolk and Norwich University Hospital, Jame's Paget Hospital and Queen Elizabeth Hospital. The purpose of the Local Maternity System (LMS) is to bring together to develop and implement a locally owned plan. The LMS is overseen by a Board that includes midwives, staff and consultants, NHS England, ICS and Public Health.

The local plan aims to deliver:

- safer care,
- personalised care,
- better proactive health and ill health prevention,
- improved post-natal care and better mental health provision for new mums and mums-to-be,
- improved staff team working and working across boundaries.

Name of Maternity Unit	Number of births in 2015/16	Consultant Delivery Suite	Alongside Midwife Led Birthing Unit	Free Standing Birthing Unit	Home Birth Service	Maternal Medicine Service	Fetal Medicine Centre	Level of Neonatal Unit Services	Paediatric Surgery
James Paget University Hospital, Gorleston	2,070	Yes	Yes	No	Yes	No	No	Level 1	No
Norfolk & Norwich University Hospital, Norwich	5,813	Yes	Yes	No	Yes	Yes	Yes	Level 3	Yes
Queen Elizabeth Hospital, Kings Lynn	2,300	Yes	Yes	No	Yes	Yes	No	Level 2	Yes - limited

3.0 Equity and Equality Needs Assessment Process



The Equity and Equality needs assessment has been conducted in direct response to the recently published 2021/22 priorities and operational planning guidance. Supplementing the Local Maternity Transformation plans developed in 2017 with a co-produced equity and equality analysis. The Norfolk and Waveney LMNS approach to the Equity and Equality needs assessment is as outlined below:

Analysis of inequalities across the LMNS

- Clear understanding of the LMS population and health outcomes, with a focus on those from Black, Asian and Mixed ethnic groups and those living in the most deprived areas.
- To look at a vast range of metrics covering health outcomes that have an important influence on the overall experience of women and babies, using available data.

Community asset mapping

- To map the community assets which help to address the social determinants of health and wellbeing.
- To undertake a high level analysis of scale and scope community assets and what is effective and has proven to meet the needs of Black, Asian and Mixed ethnicity pregnant women and their babies, and those living in areas with high levels of deprivation.

Staff experience

- To analyse the available data on the Workforce Race Equality Standard (WRES) indicators with a specific focus on Maternity and Neonatal staff.
- To understand the treatment and opportunities of BAME staff within Norfolk and Waveney maternity services, and comparing to national performance

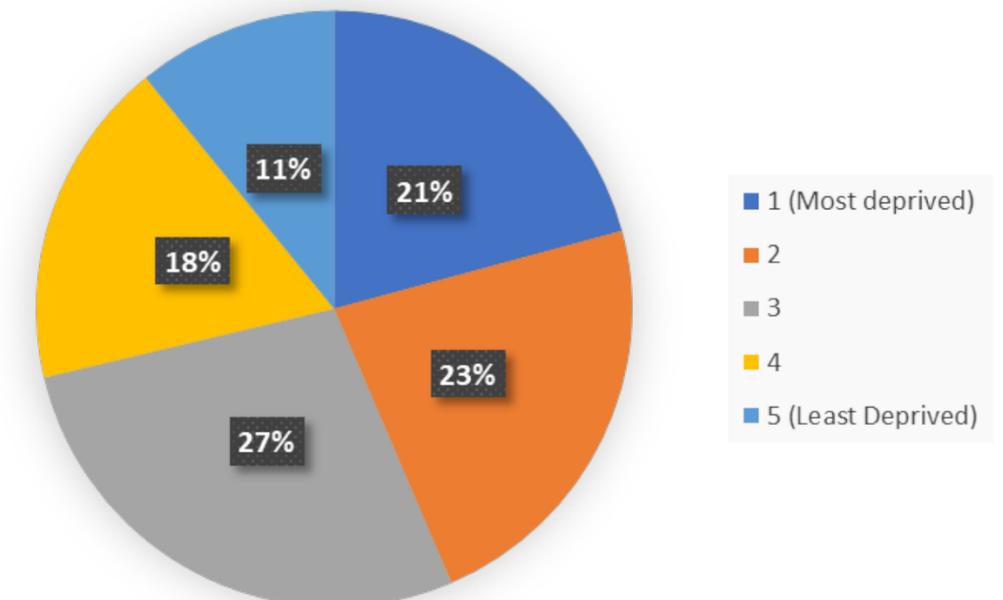
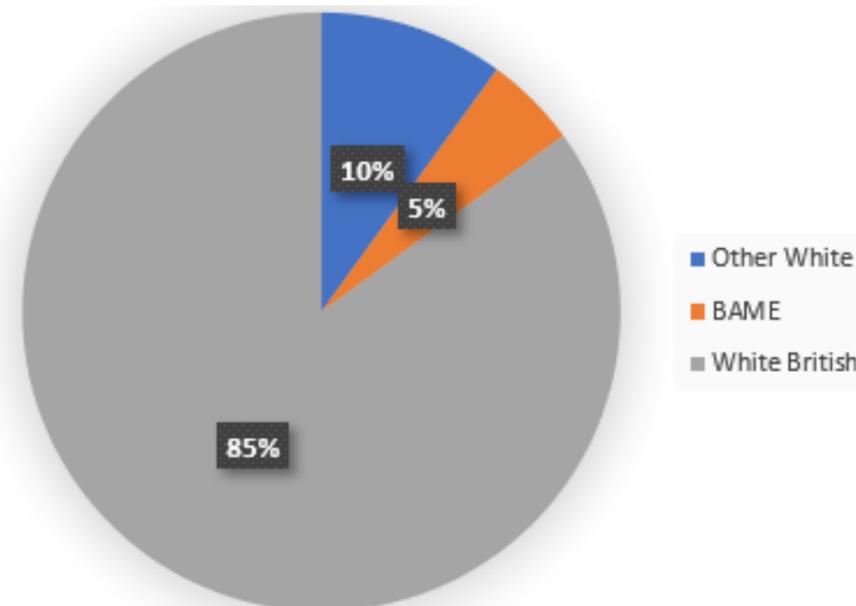
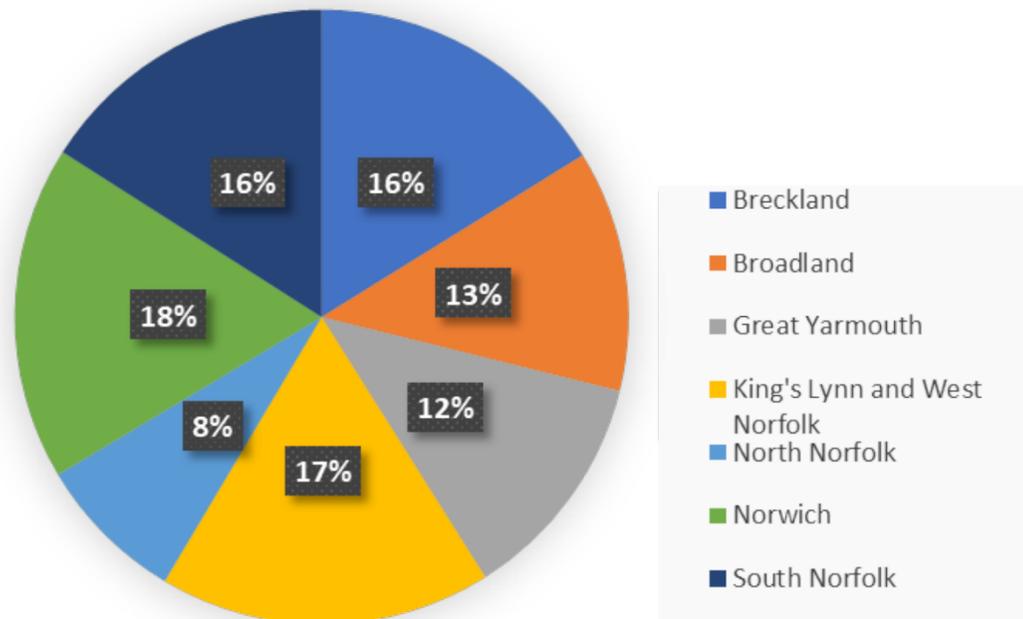
4.0 Analysis of inequalities across the LMNS

4.1 Births per district

There was a total of 7,643 births in Norfolk and Waveney (2020/21). The districts with the highest number of births were Norwich (17%) and King's Lynn. The District with the lowest number of births was North Norfolk.

A total of 14.9% of those babies were born to Black, Asian, Mixed, other ethnic and other white women. This is significantly lower than the national average of 21%.

A total of 44% of those babies were born in the two most deprived areas. This reflects that there about 32,300 females aged 15 to 44 who live in the most deprived communities in Norfolk and Waveney

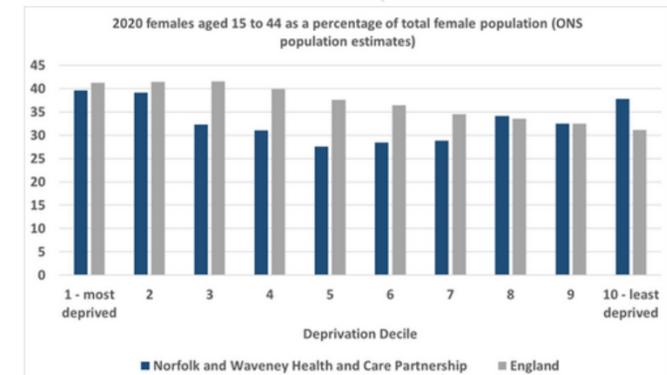


4.2 Key findings of birthing population

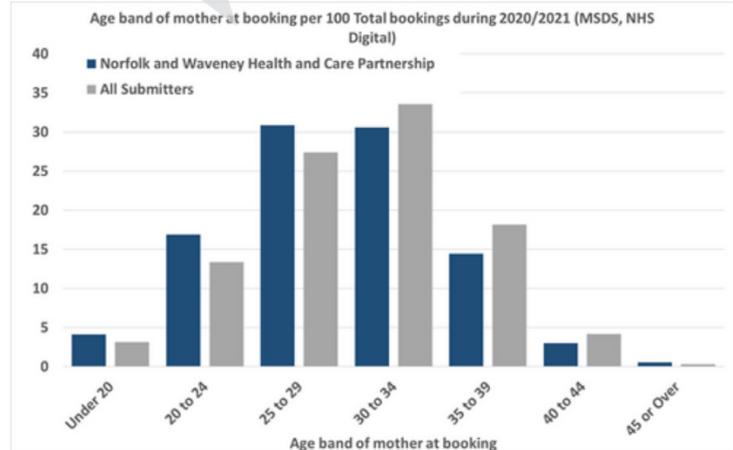
A general summary of the needs assessment for Norfolk and Waveney indicates the following key points:

- Fertility rate generally lower in Norfolk and Waveney compared to England – so less births per 1000 females aged 15 to 44.
- Highest general fertility rate in the most deprived communities.
- There are 42 communities across Norfolk and Waveney where some or all the population live in the 20% most deprived areas in England.
- About 32,300 females aged 15 to 44 live in the most deprived communities across Norfolk and Waveney.
- The age of mothers at booking is generally lower in Norfolk and Waveney compared to England.
- The number of bookings with complex social factors is generally lower in Norfolk and Waveney compared to England.
- Norfolk and Waveney is less ethnically diverse than England. However, there are some communities across Norfolk and Waveney where mothers are from White Other populations e.g. Eastern European etc.
- Folic acid supplements, access to maternity care and very low birthweight of babies are all significantly better than England.
- Multiple births, low birth weight, still birth rate and teenage mothers are similar to England as a whole.
- However, obesity of mothers and smoking in early pregnancy are significantly higher than England.
- At a local level the communities of Great Yarmouth, King's Lynn, Thetford, Norwich and other market towns have higher than expected need compared to Norfolk and Waveney as a whole. We are also able to identify those rural communities that have higher than expected need.

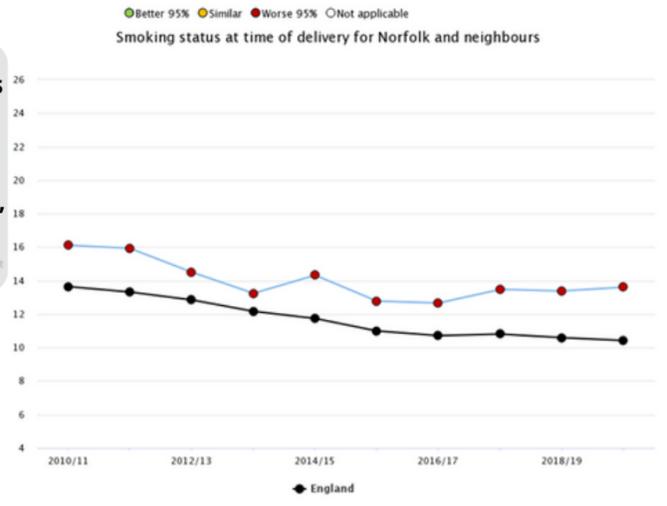
The Norfolk and Waveney female population aged 15 to 44 generally makes up a lower or similar proportion of the female population by deprivation decile compared to England (Figure 3). This reflects the generally older Norfolk and Waveney population. The higher proportion in the least deprived decile is due to the high numbers of student residents at University of East Anglia



The proportion of all bookings in younger age bands is generally higher in Norfolk and Waveney compared to England as a whole. This might imply higher need for these groups relative to England. Conversely, the proportion of bookings to older mothers is relatively lower and this might imply lower need for these groups.



In terms of lifestyle behaviours smoking in pregnancy across Norfolk has been consistently higher than the England average and has not decreased, unlike in England as a whole



Norfolk and Waveney generally has a less ethnically diverse population than England as a whole (Table 3) and this is reflected in the number of deliveries to mothers from BAME backgrounds. The districts of Norfolk and Waveney that most ethnically diverse are Norwich, Great Yarmouth and Breckland.

Ethnic Group (ONS 2019)	Breckland	Broadland	Great Yarmouth	King's Lynn and West Norfolk	North Norfolk	Norwich	South Norfolk	Waveney	Norfolk	Norfolk and Waveney	England
White British	89.7%	97.6%	87.9%	90.1%	98.1%	82.0%	90.2%	96.6%	90.1%	91.2%	78.7%
All Other White	8.8%	0.8%	7.1%	7.9%	1.9%	7.2%	4.5%	2.6%	5.6%	5.3%	6.2%
Mixed / Multiple ethnic groups	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	2.3%	0.9%	0.6%	0.5%	1.8%
Asian / Asian British	0.7%	1.6%	2.0%	0.7%	0.0%	6.5%	3.0%	0.0%	2.1%	1.9%	8.0%
Black / African / Caribbean / Black British	0.0%	0.0%	0.0%	1.3%	0.0%	2.9%	0.0%	0.0%	0.8%	0.6%	3.5%
Other ethnic group	0.7%	0.0%	2.0%	0.0%	0.0%	1.4%	0.0%	0.0%	0.8%	0.5%	1.9%

4.3 Indicators not covered in this analysis

This analysis consists of data that is readily available and has been collated in collaboration with Public Health England. There are a number of metrics (as listed below) that have not been included in the initial analysis but should be considered for a deeper understanding of inequalities for women and babies in relation to race and deprivation.



Access to Maternity care

- Booking >70days gestation
- Folic acid uptake
- DNA appointments
- Use of specialist services



Experience of care

- Access to interpreters
- Cultural sensitivity
- Listening to preferences



Lifestyle risk factors

- Smoking in pregnancy
- Diabetes/ GDM
- Safeguarding
- Mental Health
- Obesity
- Prevalance of co-morbidities



Pregnancy outcomes

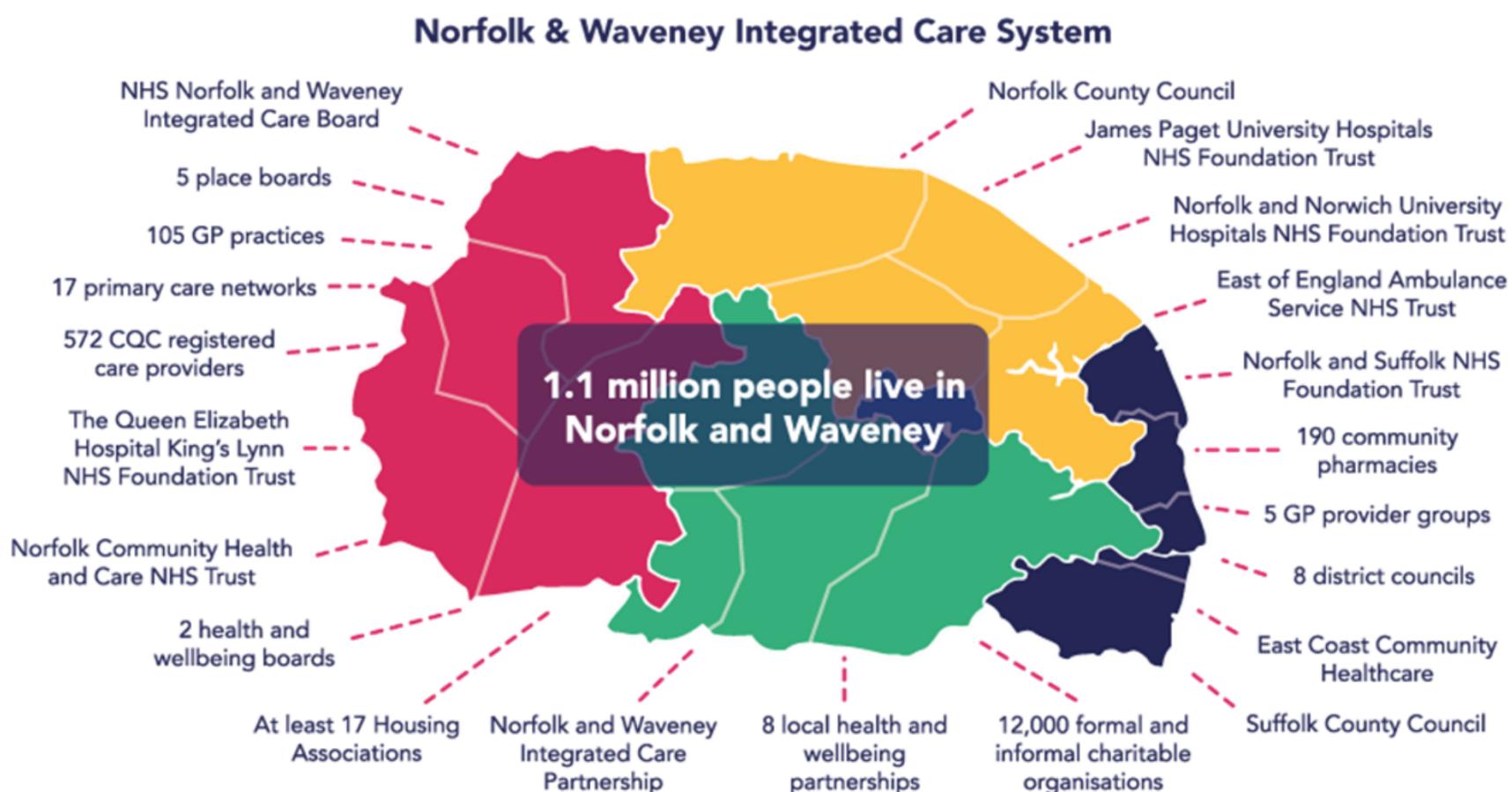
- Induction of labour
- Unplanned Caesareans
- Instrumental delivery
- Premature labour
- Stillbirth

To achieve a richer data analysis, further work is required to assess the current availability and quality of data through system collaboration. Digital immaturity is a significant barrier throughout maternity services in Norfolk and Waveney.

5.0 Asset mapping of health partnerships

The Norfolk and Waveney Health and Care Partnership brings together key organisations from across our health and care system to improve the health, wellbeing and care of the million people who live locally.

Working with our local health and wellbeing boards, district councils, voluntary sector organisations and the public we collectively take responsibility for delivering our national and local priorities across health and social care.



As a partnership we work at three levels to commission and deliver health and care to our population:

'Neighbourhood' level – 17 Primary Care Networks (PCNs). These multi-disciplinary teams comprising of staff from different organisations will help to ensure people receive more joined-up and coordinated care, near to where they live, from primary and community care.

Place-based partnerships bring together the NHS, local councils and voluntary organisations, residents, people who access services, carers and families. These partnerships lead the design and delivery of integrated services in their local area.

'System' level – A single conversation across Norfolk and Waveney to try and stop inconsistency and implement largescale change.

5.1 Our NHS services by numbers

Here are some key facts about how people who live in Norfolk and Waveney are cared for in a normal year

Our General Practice:

We have  **105** GP practices in Norfolk and Waveney, with an average of **10,244 patients per practice**

There are approximately **70 GP's**  for every **100,000 people** in Norfolk and Waveney.

On average Primary Care undertake over **6 million** appointments per year with the majority of patients being seen in a  **face to face** setting.

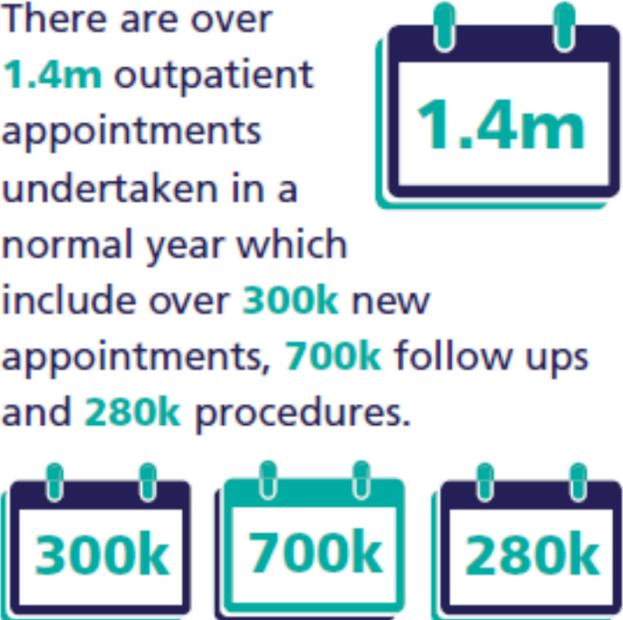
Our Hospitals:

We have three hospitals in N&W  giving us more than **2,000 inpatient beds** and over **150 commissioned general and specialist services**

Our emergency departments, minor injury units and walk in centres see **285k patients** a year 

As a whole our hospitals have nearly **400k** inpatient admissions per year 

Admissions include **135k** emergency and unscheduled admissions and nearly **200k** elective and daycase procedures, and people access regular hospital care as part of an ongoing treatment need nearly **70k** times a year. 

There are over **1.4m** outpatient appointments undertaken in a normal year which include over **300k** new appointments, **700k** follow ups and **280k** procedures. 

Our urgent and emergency services:

The 111 service manages over **250k** calls 

Our GP out of hours service has over **100k** contacts per year 

Our 999 services receive over **170k** calls per year. 

5.1 Our NHS services by numbers

Here are some key facts about how we all coped in the first two waves of the pandemic and the challenges we now face
First two waves of the Pandemic facts and figures:

Public Health data:

At the peak of the pandemic nearly **700** new cases were being diagnosed every day.



The peak of the pandemic saw **670** hospital beds being occupied every day by people who had COVID, this is 30%.



By November 2021 **85%** of all people over the age of 12 had been vaccinated with their first dose and **78.6%** of people had had their second dose.



Primary Care delivered the vast majority of the vaccination programme on top of usual business (**20,000** vaccinations in August 2021 alone)



Vaccination uptake amongst some of our most vulnerable patients includes **98%** of people recorded as having dementia; **86%** of people with a serious mental illness; **76%** of people with learning difficulties; and **71%** of people who are 'immunosuppressed'.

Our General Practice:

Primary care undertook **5.73 million** appointments during the first two waves of the pandemic



3.7 million of these appointments were face to face with patients.



Video and telephone appointments increased by over **125%** from 800k in the previous year to 1.82 million during the pandemic



Our Hospitals:

Our emergency departments, minor injury units and walk in centres still saw **230k** patients



Our hospitals managed to undertake over **110k** planned inpatient and day case procedures and saw **10%** more people who needed regular ongoing treatments than in the year before the pandemic.



Our hospitals undertook nearly **450k** appointments without needing to bring people into hospital in person - an increase of nearly 400%.

5.1 Asset mapping of VSCE sectors

Norfolk's voluntary, community and social enterprise (VCSE) sector is large and diverse

2,848

2,848 registered charities based and operating in Norfolk
179 societies and community interest companies
3000+ 'under the radar' community associations

Charities in Norfolk work in a wide range of areas

Below are just some of the wide range of areas charities and organisations work in:



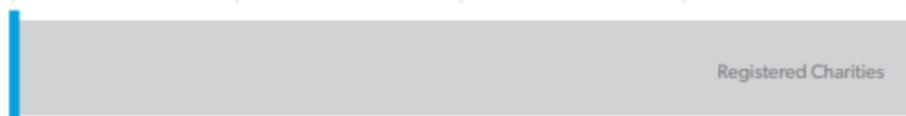
While most Norfolk charities are small, some are very big

75% of registered charities based and operating in Norfolk have an income of under **£25,000**.



...BUT these charities account for only **3%** of the sector's total income

Less than **1%** of registered charities in Norfolk have an income of more than **£10m**



...BUT they make up **50%** of the sector's total income

The Voluntary Community and Social Enterprise (VCSE) sector across Norfolk and Waveney is large and varied. There are 3,645 registered charities, 220 community interested companies and 124 societies with their registered offices in Norfolk and Waveney.

There are also many informal VCSE organisations, often referred to as 'below the radar' groups. Previous research has suggested a medium estimate of below the radar groups is 7.5 per 1,000 of population. This would suggest Norfolk and Waveney has 8,250 of such groups bringing the total number of voluntary, community and social enterprise sector organisations to be in the region of 12,000.

The following table shows where in the county the registered charities are based (note this is the location of their registered office rather than their area of operation).

District	Total income	Number of registered charities
Breckland	£20,809,228	515
Broadland	£20,615,367	401
Great Yarmouth	£14,463,973	161
King's Lynn and West Norfolk	£15,484,126	439
North Norfolk	£60,879,243	480
Norwich	£139,909,655	323
South Norfolk	£111,717,228	529
Total	£383,878,820	2848

5.2 Asset mapping for Maternity

We know that across Norfolk and Waveney during 2020/2021, community assets have been greatly reduced due to the Covid 19 pandemic. Indeed, our Public Health colleagues have not compiled recent lists, due to the inaccuracy of the data at the current time. We have access to finger-tip data and resources from Norfolk County Council, but it is widely recognised that at this time, there are inaccuracies.

Maternity Voices Partnership



The LMNS funds an MVP to work with the Trusts MVP to enable us to hear the voice of service users. The MVP takes forward issues raised by maternity services users (mostly, parents & parents-to-be), by looking at aspects of the service in detail and making recommendations for improvements.

Healthy Child programme



The Healthy Child Programme has developed the Just One Norfolk (JON) website, to offer 'Pathway to parenting', which covers all aspects of pregnancy, health education, infant feeding, parent education classes and postnatal advice and support

Community Action Norfolk



Community Action Norfolk is the leading organisation for engagement with the voluntary, community and social enterprise (VCSE) sector in Norfolk. Working closely with VCSE organisations and other partners to build the positive relationships needed to collaboratively develop strategy, policy and services.

Social prescribers



Social Prescribing is being developed on a Clinical Commissioning Group (CCG) locality basis across Norfolk. This is designed to enable delivery to be tailored to local needs and build on local assets. Local delivery models will still be part of a countywide programme with a shared evaluation process.

5.3 Asset mapping key findings

Large volume of community assets

- Norfolk and Waveney has a huge and diverse range of community assets to support our pregnant population.
- Quality assurance is required to ensure that maternity services can make connections with confidence.

Local services have commenced asset mapping

- There are a number of local services within Norfolk and Waveney undertaking community asset mapping, in particular the social prescribers. A co-ordinated approach should be developed to improve efficiency and encourage a culture of collaboration.

Disparities across districts

- This mapping exercise revealed large differences between local assets across districts in Norfolk and Waveney. For example, Great Yarmouth has the highest rate of deprivation but has the lowest number of VCSE. Further analysis is needed to understand these gaps.

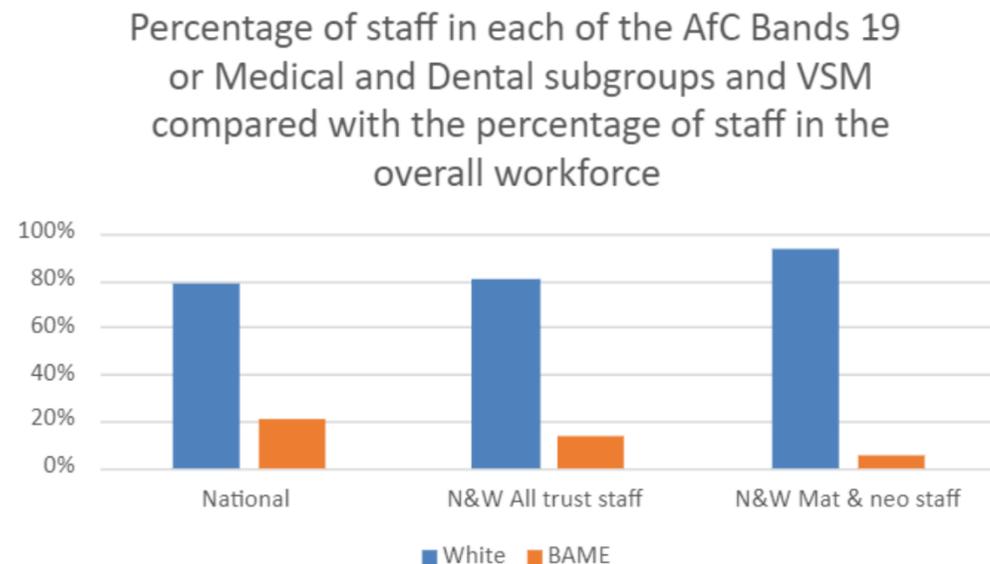
All services within the community are updated on the Norfolk Community Directory, which is currently undergoing an update and upgrade at time of writing. <https://communitydirectory.norfolk.gov.uk/Home/UpgradeInProgress>

6.0 WRES dataset

1. What is the WRES dataset?

The Workforce Race Equality Standard programme was established in 2015 and requires NHS commissioners and NHS organisations (including private providers) to report yearly against indicators of race equality. The WRES is mandated through the NHS standard contract. Nurses and midwives form the largest collective professional group within the NHS.

One in every five is from an ethnic minority group. The experience of midwives from ethnic minority groups around the themes of equality, diversity and inclusion is worsening over time and is worse than that for white midwives according to the NHS staff survey (the satisfaction score was 6.97 out of 10 for midwives from ethnic minority groups and 9.24 for white midwives in 2020). The WRES supports continuous improvement through robust action to tackle the root causes of discrimination.



Key findings:

- Within Norfolk and Waveney, the findings show that the majority of the AfC bands 1-9 workforce are white (>94%)
- The data obtained does not allow analysis of the distribution of staff by ethnicity and AfC pay band.

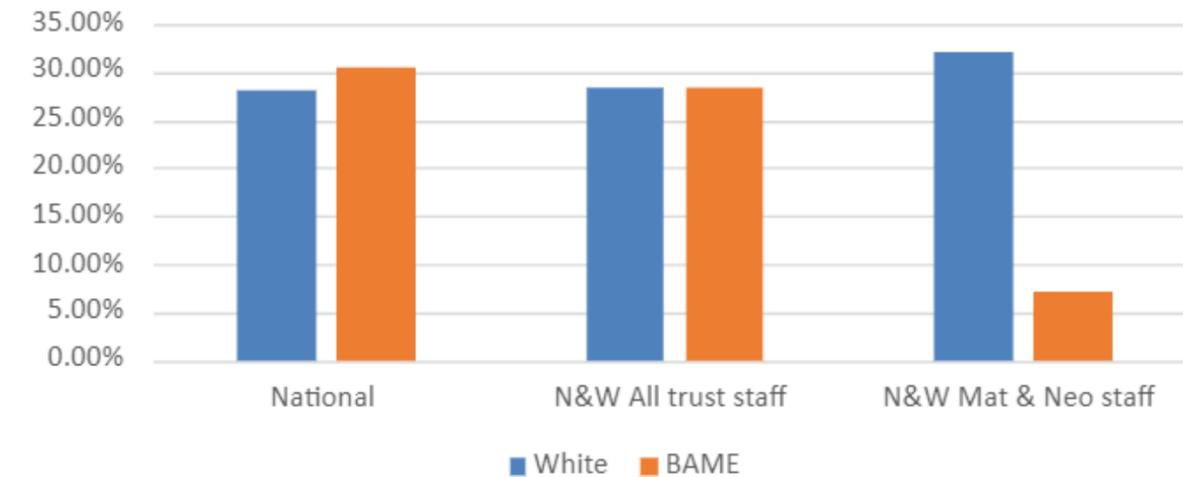
Indicator	
	1. Percentage of staff in each of the AfC Bands 1-9 and VSM
	2. Relative likelihood of staff being appointed from shortlisting
	3. Relative likelihood of staff entering the formal disciplinary process.
	4. Relative likelihood of staff accessing non-mandatory training and CPD
	5. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
	6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
	7. Percentage believing that trust provides equal opportunities for career progression or promotion
	8. Discrimination at work from b) Manager/team leader or other colleagues

6.1 WRES for Norfolk and Waveney

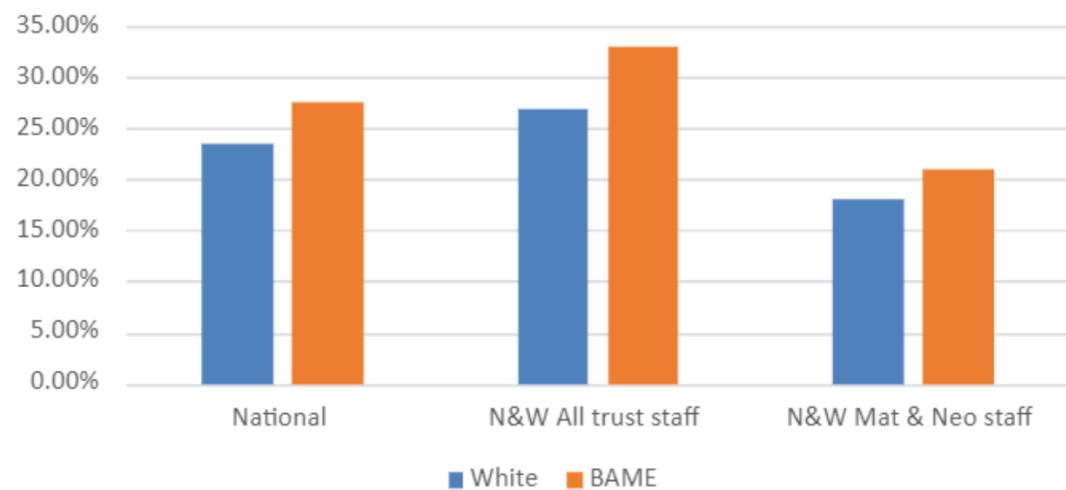
Key findings:

- Within Norfolk and Waveney, the findings suggest that both BAME and white trust staff equally experienced harassment, bullying or abuse from patients, relatives or the public (28.3%)
- More white maternity staff (32%) experienced harassment, bullying or abuse from patients, relatives or the public when compared to BAME maternity staff (7%).

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

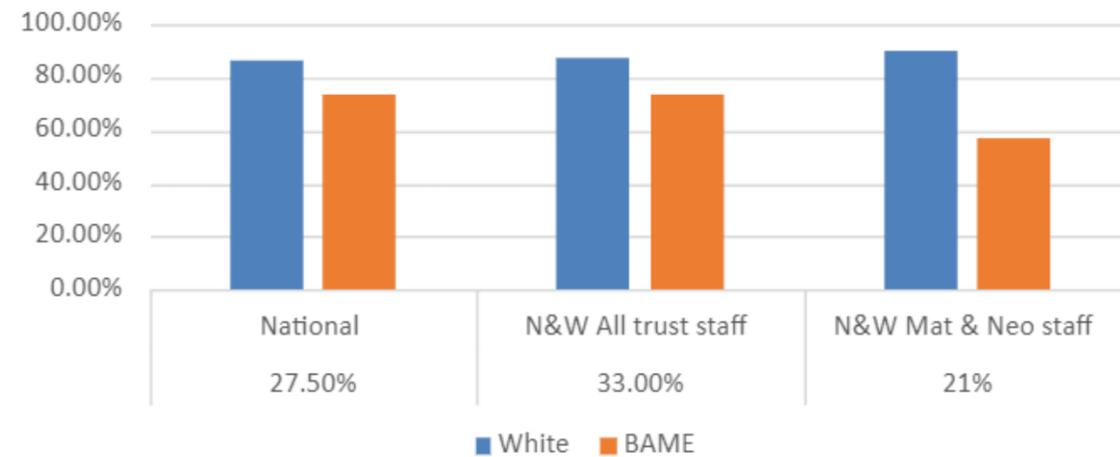


Key findings:

- For Norfolk and Waveney, BAME trust staff (33%) experienced more harassment, bullying or abuse from staff when compared to white trust staff (26%), and also exceeded the national average (27.5%)
- The same observation is true for maternity staff, whereby 21% of BAME maternity staff experienced harassment, bullying or abuse from staff, in comparison to 18% of white Maternity staff

6.1 WRES for Norfolk and Waveney

Percentage believing that the trust provides equal opportunities for career progression or promotion



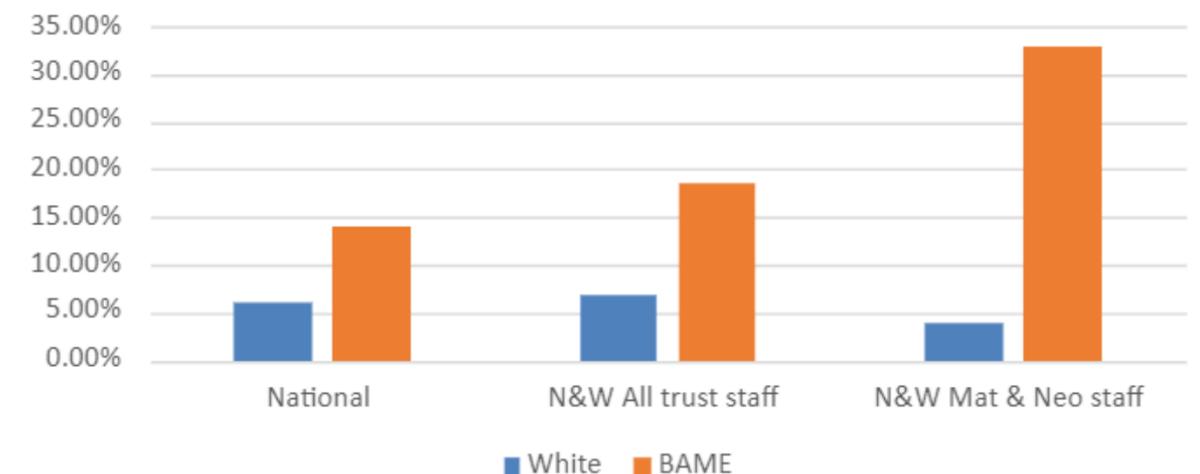
Key findings:

- In Norfolk and Waveney, a lower percentage of BAME staff (including maternity) believed that their trusts provide equal opportunities for career progression or promotion, when compared to white staff members.
- The biggest inequity exists for maternity, where white midwives (90%) were 1.5 times more likely to believe trust provides equal opportunities for career progression or promotion when compared to BAME maternity staff (57%).

Key findings:

- For Norfolk and Waveney, more BAME staff (18.4%) personally experienced discrimination at work from a manager/ team leader or other colleagues, when compared to white staff (6.7%)
- The biggest inequity exists for maternity staff, where BAME midwives (33%) were eight times more likely to experience discrimination at work from a manager/ team leader or other colleagues, when compared to white staff (4%)

In the last 12 months have you personally experienced discrimination at work from Manager/team leader or other colleagues



6.1 WRES for Norfolk and Waveney

Indicator	National	N&W staff	N&W Mat & Neo Staff
Relation likelihood of white staff being appointed from shortlisting	1.6	1.56	1.34
Relative likelihood of BAME staff entering the formal disciplinary process	1.41	1.53	0
Relative likelihood of white staff accessing non-mandatory training and CPD	1.04	1.65	0.79

Key findings:

- In Norfolk and Waveney, white staff (34-56%) are more like to be appointed from shortlisting, compared to BAME staff.
- There appears to be a difference in the likelihood of BAME maternity staff entering a formal disciplinary process when compared to white maternity staff.
- White maternity staff in Norfolk and Waveney are slightly less likely to access non-mandatory training

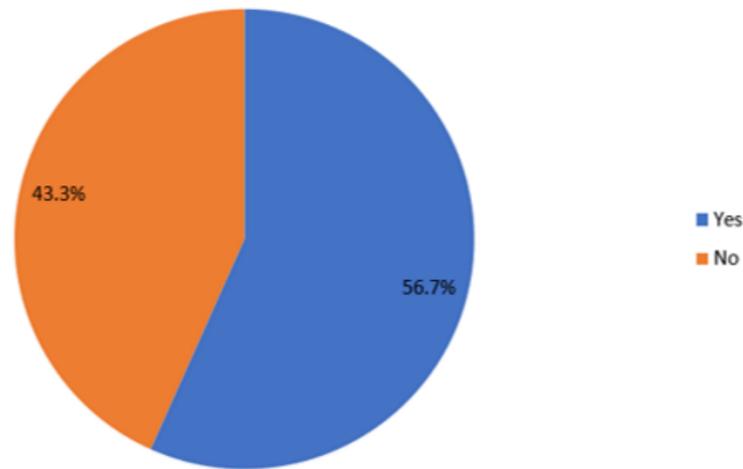
Key caveats and limitations to WRES data

- The ethnicity groupings are limited to white , BAME and Null. This limits the ability to see inequalities are sub-groups.
- The WRES data published includes all three acute trust in Norfolk and Waveney combined, in order to mitigate the potential identification of BAME maternity staff who participated.
- The data does not provide this split which means we cannot identify whether staff in ethnic minority groups may be at a particular disadvantage due to their gender. This is particularly relevant for this analysis as we know that a large majority of maternity staff will be made up of women.

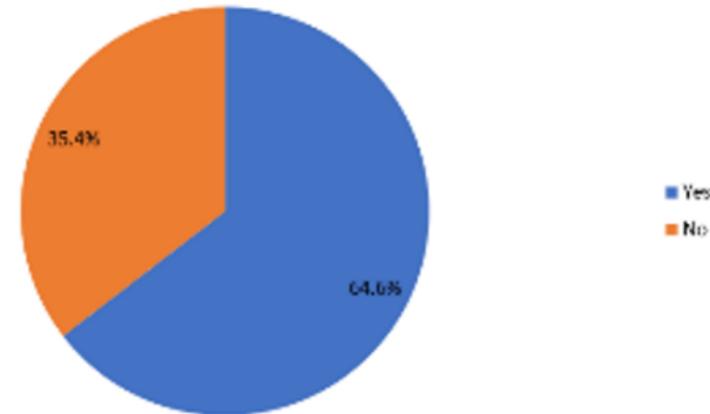
6.2 Midwifery Ethnicity Staff Survey

We undertook a staff survey in collaboration with our neighbouring Local Maternity and Neonatal Systems to explore the views around Ethnicity.

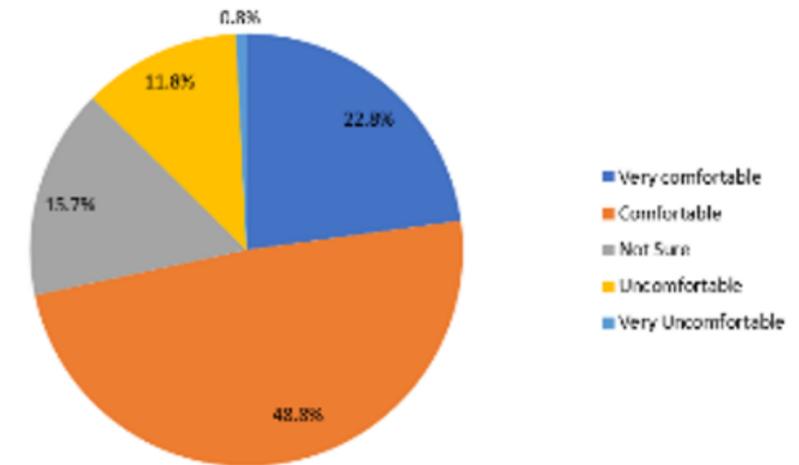
Do you believe racism exists within Maternity Services?



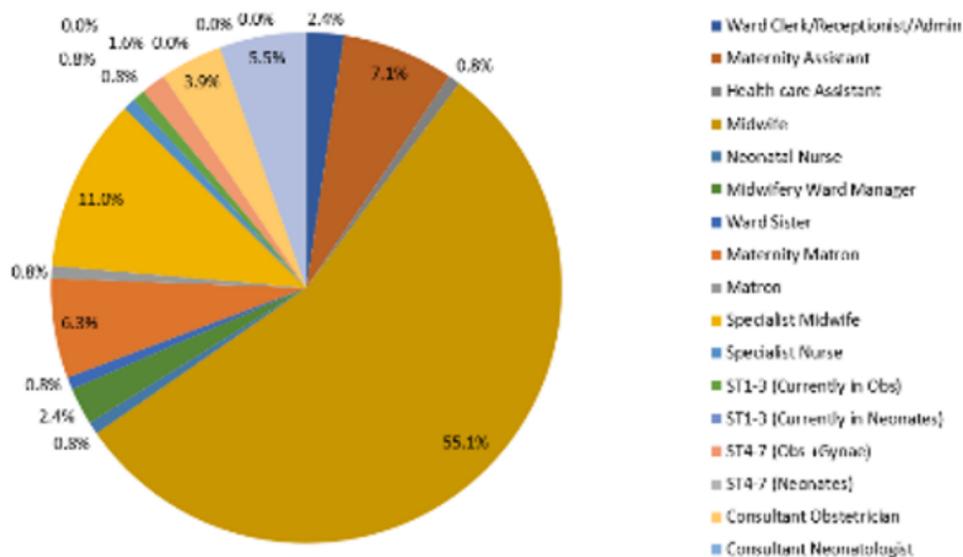
Do you discuss the risks associated with ethnicity / skin colour with Black and Asian mothers?



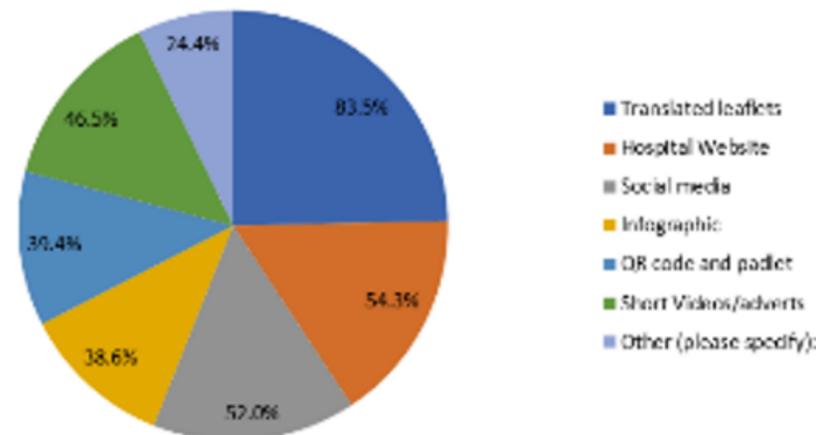
How comfortable are you with having ethnicity conversations?



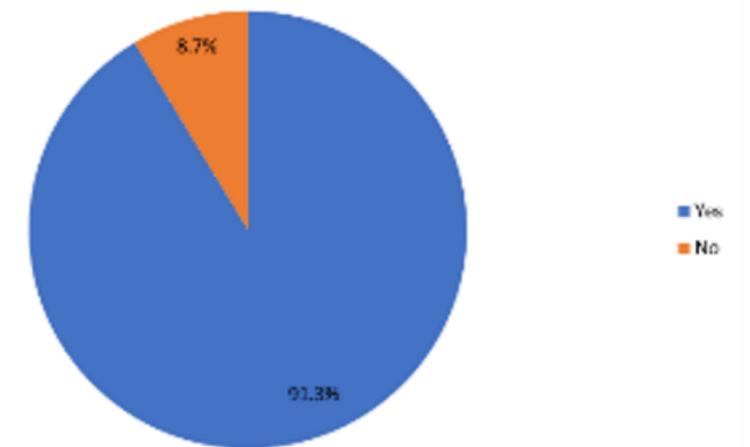
Which option best describes your role?



How do you think we should supply maternity information for service users from ethnic minorities? (Choose 3)



Would you welcome support around having conversations about ethnicity?



7.0 Action plan

Further data analysis

Action description	Outcome	Potential barriers	Required resources	Timeframe
Extending the data analysis to cover more outcome measures	To understand the extent of which difference across ethnicity and deprivation impact on pregnancy outcomes.	Digital immaturity throughout Norfolk and Waveney trusts	Trust level data for agreed metrics	
	To gain a deeper understand of difference across ethnicity and deprivation specific to districts in Norfolk and Waveney	Data availability and quality varies in each trust	Support from digital midwives Access to SUS/ HES	
Assessing how inequalities impact on pregnancy outcomes	To understand gain a deeper understanding of which/ how inequalities impact on pregnant outcomes	Data availability and quality on broad potential drivers on outcomes	Trust level data for agreed metrics	
	To identify preventable inequalities to mitigate against adverse impacts		Support from digital midwives Access to SUS/ HES	
Confirm 'most important' drivers for inequalities among the pregnant population	To identify the 'most important' drivers for inequalities to inform the equity and equality action plan	Data availability and quality	Time for analysis	
	To assess the extend to which women of different ethnicity and/or deprivation status are impacted		Support from OHID	

Further community asset mapping

Action description	Outcome	Potential barriers	Required resources	Timeframe
Engage with the Norfolk and Waveney Pregnant population for further community asset mapping	To identify community assets that the pregnant population if likely to engage with	Funding availability	Collaboration with MVP's	
	To have a comprehensive understanding of all community assets available	MVP workload	Funding for Healthwatch	
	Quality assure community assets to allow maternity services to connect with confidence	Time for engagement events		
	To identify any gaps in community assets that would be valuable to the pregnant population			

Co-production of 5 year strategy

Action description	Outcome	Potential barriers	Required resources	Timeframe
Establish opportunities for co-production with diverse community representatives	To co-produce the 5 year plan for equity and equality	Robust systems to engage with services users	Time to complete the action plan	
	To ensure that the service users voice is a golden thread that runs throughout improvement strategies throughout the LMNS	Participation of diverse community members	Findings from commissioned work with Healthwatch	
	Ultimately improved inequalities and equity to maternity care across ethnicity and deprivation of our pregnant population	Data viability		