LMNS Equity and Equality Action Plan: *BOB LMNS*	
Executive Summary	Provide an executive summary of the equity plan and the key themes identified for progression.

Action Plan Contents	1. Vision, Values & Aims
	2. Detailed Action Plan
	3. Population
	4. Co-Production
	5. Roles & Responsibilities
	6. Communication Plan
	8. Measurement Plan
	7. Sustainability
	9. Risk Register

Vision

Overall Vision	**Outline the overall vision of the LMNS equity strategy; who will be involved and what will success look like:** Quality maternity and neonatal services contribute to good health, wellbeing and the development of our nation, giving every child and family the best possible start in life and opportunity to thrive. Our vision in BOB LMNS is for all women, birthing people and their familes to achieve the best possible health outcomes regardless of circumstance or opportunity. We want to ensure all women and birthing people across the system receive equitable, kind, compassionate, respectful and safe care. At the heart of acheiving this we need to proactively work alongside women, birthing people and their familes, to co-produce and collaborate on interventions which will have the best outcomes. Beyond this we would also like to aim to utilise asset based models - 'done by us for us', using grass roots, community development approaches. We also want to ensure that our maternity workforce feels valued, visible, and safe for everyone within the system. We want to an embed an open, transparent just culture, where we can grow and learn using restorative models. Equity is not a choice, it is a right and BOB LMNS will provide oversight and hold providers accountable for change and transformation.

	Value	Rationale	Key Actions
Values	List the values that underpin the equity strategy	Why is this value important?	What are the key actions that align with this action? (from 'Key Actions' tab)
	Universal proportionalism	The seldom heard voices are the ones we need to hear the most. "Actions should be universal, but with an intensity and a scale that is proportional to the level of disadvantage" (Marmot 2010). Adopting universal proportionate approaches are preferable to targeted ones, targeting implies labelling with all the attendant hazards of stigma and exclusion. Targeting only those at highest risk may miss much of the problem. Combining positive selectivism, with UP will support the LMNS and wider system to avoid excluding cohorts of health inclusion groups such as LGBTQ+, GRT and people with disabilitilies , whilst focussing on specific populations where the detrimental outcomes are greatest.	Focused work on specifc populations, includes PCSPs, NICE guidance, Translations
	Coproduction	We aim to build and embed a culture of shared understanding of co-production throughout the system underpinned by key values of equality, accessibility, diversity and reciprocity which will enable diverse levels of co-production, participation an community connection. Coproduction will be at different levels evidenced by actions, with an aim for transformative and sustainable development and/or change. The LMNS will need to be risk aware (idenify potential risks, think forward, growth mindsets) rather than risk averse in efforts to embed co-production into service design, delivery and evaluation, to ensure coproduction is meaningful. Relationships happen at the speed of trust therefore it will be important to recognise and acknowledge this as the service and system develop interventions. The LMNS will ensure a mechanism in place for working with people and communities outside of MVP scope and encourage where possible increased engagement of these communities with MVP.	Community engagement, relationship building,
	Collaboration	Good health and wellbeing are essential for communities to thrive, however the key drivers of good health are influenced by many things including the places we are born, live, work, play and age, so sit outside health and social care systems. These are the social determinants of health and wellbeing. The NHS cannot address these determinants on their own and is part of a much wider system of support including education, social networks, housing and other areas. Therefore to address many of the issues which underpin maternal health equity we need to work in collboraton and partnership to ensure broader support to help us all thrive and improve maternal and neonatal outcomes.	Work on community connector models, VSCE and partner enagagement, Community assets

	List the key aims of the equity strategy, which should align with any ICS aims relating to health inequalities
Aims	The aim of the LMNS equity strategy is to improve outcomes and experiences for women and birthing people who experience the poorest outcomes in mortality and morbidity. THe LMNS also want to ensure all women and birthing people are provided with safe, respectful and compassionate care. The proposed ICB strategic priorities and ambitions will focus on using the Core 20+5 model, which focusses on those living in the most deprived 20% of the national population as identified by the national Index of Multiple deprivation (IMD). It will also include locally defined populations and inclusion groups. Part of the +5 includes maternity where the national ambition is for 75% of women and birthing people from deprived communities and ethnically diverse communities receiving continuity of care by 2024. Whilst the national target on CoC has been removed, we will continue to work on ways the system can improve the experiences of service users most at risk of poorer outcomes. The ICB and LMNS plans to adopt a strengths-based, data driven approach, which embeds coproduction. BOB ICS ambitions around inequalities include reducing premature deaths across the system, halving the life expectancy gap between the least and most deprived wards and increase healthy life expectancy by 10%. Alligned priorities include tobacco dependency with a smoke free target <5% by 2030, looking at smokers in the 20% most deprived areas by place and an offfer of in house maternity support to all smokers in pregnancy. The ICS has identified focus on the Core 20, which represents about 3% of the total population of BOB (57,000 people across BOB, 35000 in Oxfordshire, 19000 in Berks West and 2000 in Bucks) and work is ongoing at place to determine priority populations. The LMNS has identfied key geographical areas for specifc focus at place. The ICS has utilised learning and experiences from the Covid vaccination programme in relation to improving access using an ethnicity and inequality lens. Key to the ongoing work within the system, the ICS and LMNS will be to understand, review and learn from the analysis evidence regarding increasing equity of access and this will include focus on continuity as per the +5 with a lens on deprivation and ethnicity. Focus will be on ensuring resourcing and capacity are focussed to areas and communities of greatest need to ensure the provision is directed and apportioned fairly and justly. ICS/system partners are now undertaking workshops and are focusing on a life course approach to addressing health inequalities focusing on key areas of Start Well, Live Well and Age Well.

	List any ICS interdependencies that those using this action plan should be aware of
ICS Interdependencies	Learning from Vaccine equality programme, Tobacco Dependency, Health Inclusion groups, Long term conditions (Diabetes), Estates and workforce.

No.	Action	Detail	Key Milestones	Target Date	Metric for success	Comments / Updates
	Provide a summary of the action identified (make sure this is SMART)	**Detail the action and the exact steps required to achieve it in the given timeframe**	**What are the key milestones to suceed?**			
	Priority 1: Restore NHS services inclusively	**Priority 1: Restore NHS services inclusively**	**Priority 1: Restore NHS services inclusively**	**Priority 1: Restore NHS services inclusively**	**Priority 1: Restore NHS services inclusively**	**Priority 1: Restore NHS services inclusively**
1	Continue to implement the Covid 4 actions: 1. Increase support for at-risk pregnant women – for example, make sure clinicians have a lower threshold to review, admit and consider multidisciplinary escalation in women from ethnic minority groups.	Promoting professional curiosity. Ensure these are embedded in practice, through robust trust and regional guidelines, that support staff to do this, and for women to request this. The equity and prevention group (which has representations from Maternity, local authority PH) exploring the potential to develop a SOP for black and brown service users, and development of an interim PCSP tool.	Each trust has this as an element within their guidelines for risk assessement in the antenatal period, intrapartum admission and postnatal period.	Mar-24	Meaningful work with the trusts and the service users, aligned with the national drivers around risk assessment and at-risk women	Coproduce materials
2	2. Reach out and reassure pregnant BAME women with tailored communications.	Development of a Book before 10 initiative to be visible at community settings/venues such as community pharmacies to improve early access and access to screening in specifc communities. System wide utilisation of maternity workforce to coproduce translation assets. This will have a bespoke focus rather than 'like for like' standard translations alongside using available translation resources. Awaiting feedback from Sussex re midwives utilisation of CardMedic system. Set up translation BOB task and finish group. Ensure system wide access to the new Easy english videos in production (Ensure QR codes and paper for digital exclusion and language- some people may not read their own language, Lack of digital access for GRT). Translated print media is available in a wide range of languages, easy read versions and versions for women and birthing people with visual and auditory concerns.	Implementation of Book before 10 intitaive in communities phamacies in areas of high deprivation and ethnic diveristy acorss BOB, so targeted approch initially.	Oct 22 - Ongoing	Increase in numbers of women booking <70 days. Increased visibility of coproduced materials for specifc communities.	Work with LA/ICB comms teams who produced the vaccine videos from staff in a range of languages. Equity lead to follow up Card Medic feedback.
3	3. Ensure hospitals discuss vitamins, supplements and nutrition in pregnancy with all women. Women low in 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 particular risk of vitamin D insufficiency and should consider taking a daily supplement of vitamin D all year. Folic acid can help prevent certain birth defects, including spina bifida; it's recommended that women take a 400 micrograms folic acid tablet every day before pregnancy and until 12 weeks of pregnancy	Relaunch of Healthy start scheme across system, using a 2 tiered approach, with social media launch first and then work on delivery. Place are at different stages of relaunch, and scheme relaunch being driven forward by Berks West project team. Oxford HS initial meeting in March 2022, and work so far includes: New and improved Healthy Start video audited and refreshed - https://youtu.be/KHpgnl61YUE, Healthy Start training focus group 8 June 2022 delivered with front-line workers to help understand needs , Oxford City Council Case study now published in Part 1 Oxfordshire Food Startegy (page 24). Attendance at the South East NHS Healthy Start regional discussion group.Learning from other areas includes working with libraries to raise awareness of Healthy Start and using the Are You Ready for Pregnancy campaign as an opportune moment to promote. Next meeting Sept 2022 and maternity is invited to this meeting and porject group. HS Berks project group includes representation from Local authority Public Health, Childrens Centres, Health Visiting, Community development workers, comms, Voluntary sector and Maternity, including LMNS. Pilot scheme for distribution of vitamins in one of the CoC teams (Blossom team in Berks- an area of high deprivation and ethnic diversity)- proposal developed with LA PH team, prevention lead and Community Matron- funding to be submited to LMNS Oct 2022 and once funding secured, timelines for pilot to be finalised. Bucks have had initial meeting and resources shared from Berks West. Supports Start Well HE programme in development. Start Well programme group has key leaders from maternity in situ.	Training of midwives in Healthy Start scheme (all elements), promotion of campaigns to ensure wide reach	Oct 22 - March 24	Increase in uptake of eligible families, including families seeking sanctuary, Increase in staff trained in Healthy Start Scheme, Promtion of Healthy Start, through place based food strategies	Increase in uptake of eligible families, including families seeking sanctuary, Increase in staff trained in Healthy Start Scheme, Promtion of Healthy Start, through place based food strategies
4	4, Ensure 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 (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes.	HSC (Health and Social Care risk) score OUH, This can be modified by midwives if circumstances change at any point of contact with the women or birthing people. RBH mandatory field (stared field) for ethnicity from booking, Same as BHT- cannot complete booking without completing field. Postcode data accessible. All other morbiditities captured via mandatory fields. Some work required on ensuring staff complete correct fields and plan to explore capturing deprivation on trust dashboards. Digital midwives will be auditing notes once inputted onto digital system. National drivers: Maternity Dashboards, Maternity Incentive Scheme, HSIB, SBLCBv2	Compliance via audit	Oct 22 - ongoing	Consistancy across IT systems	

	Action	Detail	Key Milestones	Target Date	Metric for success	Comments / Updates
5	**Priority 2: Mitigate against digital exclusion**	**Priority 2: Mitigate against digital exclusion**	**Priority 2: Mitigate against digital exclusion**	**Priority 2: Mitigate against digital exclusion**	**Priority 2: Mitigate against digital exclusion**	**Priority 2: Mitigate against digital exclusion**
6	Ensure personalised care and support plans (PCSPs) are available in a range of languages and formats, including hard copy PCSPs for those experiencing digital exclusion	Development of PCSP will aim to embed a culture of respect for autonomy and decision making (including decisions outside of standard care). Staff and service user survey from August 21 indicative of poor engagement with mum and baby app and barriers to utilisation. Decision to give notice and develop interim tool and present options. Three is some interest from community group to co-produce and develop app, which LMNS are to explore. PCSP task and finish group timeline plan: Sept 22 - make decision about M&B app - LMNS Board Sept 22 - trusts to provide results of audits already done and the timeline for future audits Sept/Oct 22 - Brainstorm all options - deadline to confirm ideas 30/09/22 ALL. CG please ensure an equity lens is put on this so our solutions can account for ethnically diverse groups Oct 22- send brief survey out with all options (MVPs) - use MS forms Nov 22 - Decide PSCP solution (LMNS Board deadline). Review and development of interim PSCP and T&F group beginning Sept 2022. Working with BOB Personalised care training team to deliver training Oct and Nov 2022 on Shared Decision Making.	Increased provision and use of PSCP. Numbers of maternity workforce engaging with PSCP training (including wider MI and MECC skills to support delivery).	PCSP project timeline in narrative. Interim tool development Jan 2023	Numbers of women and birthing people with PCSP (interim and full tool).	Opportunity to identify assets within community to support a locally produced app and/or other resource
	Action	Detail	Key Milestones	Target Date	Metric for success	Comments / Updates
7	**Priority 3: Ensure data sets and timely and complete**	**Priority 3: Ensure data sets and timely and complete**	**Priority 3: Ensure data sets and timely and complete**	**Priority 3: Ensure data sets and timely and complete**	**Priority 3: Ensure data sets and timely and complete**	**Priority 3: Ensure data sets and timely and complete**
8		Trust digital strategies align with this ask, part of MIS Year 4, staff training, some trusts remain paper, whilst moving over to digital systems, this will enable better compliance and data collection.	Compliance via audit	Oct 22- ongoing	Audit results	When recording a woman, family and baby's ethnicity there will be consistency throughout, and the ethnicity is recorded as what the woman says it is
	Action	Detail	Key Milestones	Target Date	Metric for success	Comments / Updates
9	**Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes**	**Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes**	**Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes**	**Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health**	**Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health**	**Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes**
10	Understand the local population's maternal and perinatal health needs (including the social determinants of health).	Undertaken a detailed equity analysis including maternal and perinatal needs and the demography and needs of local populations especially groups experiencing the greatest inequalities. See Equity Analysis 2020/21 for more details. Maternity to ensure representation at place based ICB inequalities meetings. Bucks have had x1 meeting 30th June 2022 and Oxford have 2nd planned meeting Nov 22. Continue to update the analysis to ensure indicators are up to date and wider determinants explored such as digital access and connectivity.	Population Analysis Exists and is used to inform Equity Strategy - this will be regularly reviewed yearly and new data used to review whole strategy	Nov-22	Population analysis exists Data is used to shape local strategy	
11	Community asset mapping	We have undertaken a detailed asset map across the BOB region plotting 230 assets both on excel spreadsheet and on SHAPE Atlas - we have given stakeholders such as MVPs and midwives access to the asset map. We have prioritised key assets who work with service users experiencing the greatest inequalties. Next step to set up a project group to connect with key assets so as to reach and connect with service users and involve in the coproduction and equity strategy	Asset relationship group set up Assets prioritised further Key community asset contacted Joint aims identified Work with service users begins	Nov-23	Meaningful work begins with assets to connect and engage with service users Increased number of service users involved in equity and coproduction activities More community activities exist which involve or are led by service users	
12	Conduct a baseline assessment of the experience of maternity and neonatal staff by ethnicity using WRES indicators 1 to 8 and implement plan to improve WRES indicators	Basline assessment undertaken, Survey with staff Focus group led by black and brown staff Align with cultural competency training which includes a focus group of black and brown staff Coproduce solutions with staff Regular psychosocial risk management strategy created in line with national HSE guidance on stress prevention	Survey results completed Focus group set up Psychosocial risk management strategy introduced in line with HSE guidance and/or human factors Staff feedback on process Coproduced solutions piloted WRES indicators redone	Sept 22 to March 24	WRES indicators improve Staff Feedback on process psychological risks reduce over time or are eliminated	
	Set out a plan to co-produce interventions to improve equity for mothers, babies and race equality for staff.	Developed coproduction strategy and plan. This has been coproduced with a wide range of stakeholders including midwives, neonatal staff and MVPs across BOB. The next step is to implement this plan	Coproduction plan signed off by BOB Coproduction Group BOB Coproduction Group established with terms of reference Actions are implemented and measured. Staff and service users attending coprpodctuon training	Sept 22 to March 24	All actions in coproduction plan achieved and positive results are measured Increase in service users experiencing the greatest inequalities and perinatal outcomes involved in coproduction and engagement work	

	Action	Detail	Key Milestones	Target Date	Metric for success	Comments / Updates
	Priority 4B: Action on maternal mortality, morbidity and experience	**Priority 4B: Action on maternal mortality, morbidity and experience**	**Priority 4B: Action on maternal mortality, morbidity and experience**	**Priority 4B: Action on maternal mortality, morbidity and experience**	**Priority 4B: Action on maternal mortality, morbidity and experience**	**Priority 4B: Action on maternal mortality, morbidity and experience**
13	Intervention 1: implement maternal medicine networks to help achieve equity	The SE CN are regularly working with OUH to audit the referrals to the MMN. It is written within the guidance that the service should provide equitable provision and will continue to do so.	Regular audits on referrals to the MMN from trusts linked to the MMC Production of patient leaflets in different languages	Oct 21 - Mar 24	Number of referrals of ethnic minority women and women from deprived communities Service user feedback to the MMN	
14	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.	A Diabetes padlet has been produced by BHT which has just started to be used. Plan to replicate this padlet system wide. Padlet used for screening and referral. Future work plans for the prevention and equity group include exploring development of preconception care and work alongside primary care, local authority and sexual health and other services.	Replication of Padlet resource across system, Monitor use. Develop relationships with key partners	01/03/2025- and ongoing		
15	Intervention 3: implement NICE CG110 antenatal care for pregnant women with complex social factors.	OUH and RBFT continue to provide care to vulnerable women through existing teams, Poppy and Lotus. Sunshine clinic in Banbury, area of high deprivation. Rose clinics in RBFT and OUH. Exploring the development of Wycombe BC into a hub for healthy lifestyles, HV, Clinics, vaccines, One stop shop. RBH - have targetted interventions in place to support the most vulnerable in the local population. CoC team based in the most deprived postcode population. Vulnerable women's team - Poppy Team. Specialist Seeking Sanctuary clinic now running monthly supported by public health and will continue. Vision of equity and health inequalities becoming a 'golden thread' through all Trust's staff education and training. The development of community connector models across the system will support delivery of interventions that address social deteminants which includes education and housing and promote more collaboration across system. Work with Childrens Centres and create relationshionships VCSE organisations and community assets.	Continued support to women and birthing people. Increased numbers of relationships with community assets, local authority and VSCE organisations.	Sept 22- ongoing	Numbers of women and birthing people accessing community service, by ethnicity and deprivation indices. Focus on quality improvement	Cosnider how the community connector programme model can support
16	Intervention 4: implement maternal mental health services with a focus on access by ethnicity and deprivation.	Development of MMHS and PNMH in BOB and improve equity across system. Bucks -all staff are in post and they are in the process of designing their pathways to dovetail with the Perinatal Mental Health Service. They are providing a service for the three key strands namely trauma, tokophobia and loss however they have not "formally" gone live. Oxfordshire are also developing their care pathways. They are providing a service for all three key strands but have not "formally" gone live. Berkshire are fully live providing all 3 strands however they have a 90 day wait and wider access target issues. Perinatal mws in post at each trust. Development of trauma pathway on maternity who will have a caseload of women. Red Kite team (formally PNMH team) in Wycombe broadened support offer (vulnerable women and birthing people).	Increased understanding of demographics utilsiating service and ensuring equitable service across system. Explore measure to support access and reduce wait times.	Mar-26	Numbers of women and birthing people accessing community service, by ethnicity and deprivation indices. Focus on quality improvement	Project Manager to ensure that there are robust service specifications co produced with BOB Commissioners and integrated into wider mental health commissioning plans and championing by LMNS of MMHS maternity element with BOB Mental Health Commissioning Colleagues
17	Intervention 5: ensure personalised care and support plans are available to everyone	See above re PSCPs- PCSPs will be in both paper and digital format to avoid digital exclusion. Interim tool in development for publication Jan 23. Translated formats will be developed with a bespoke approach.	Development of interim tool. Coproduction of full PCSP	Interim tool Jan 23	Numbers of women and birthing people with PCSP. Numbers of translated and easy read accessibility versions developed.	
18	Intervention 6: ensure the MVPs in your LMS reflect the ethnic diversity of the local population, in line with NICE QS167.	MVPs have diversified in representation across the system, with the % of parent members and also representation at chair and vice chair level. A recent survey has increased the numbers of ethincally diverse parent members in Berks West. Active work in Castlefield in High Wycombe and across 5 areas of deprivation in Oxford with MVP chairs and parent members undertaken during June/July/Aug 2022. Community engagement events occuring across system. LMNS had provided Health inequalities funding to all MVPs across system for the next financial year some of which has been used on recruitment. Berks West have recruited a specifc inequalities lead to work who has started Aug 2022 to work on building community relationships. Vice chairs in Bucks and Oxford leading on HE with support from parent members.	Create opportunities for connection and work with community assets, working with Healthwatch.	Sept 22- ongoing	Increased number of women and birthing people from minority ethnic groups and women and birthing people living in areas of deprivation as parent members.	

	Action	Detail	Key Milestones	Target Date	Metric for success	Comments / Updates
	Priority 4c: Action on perinatal mortality and morbidity	**Priority 4c: Action on perinatal mortality and morbidity**	**Priority 4c: Action on perinatal mortality and morbidity**	**Priority 4c: Action on perinatal mortality and morbidity**	**Priority 4c: Action on perinatal mortality and morbidity**	**Priority 4c: Action on perinatal mortality and morbidity**
19	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.	The target date for this National Programme has been removed by NHS England (21/09/22), however this remains as a National Aspiration. Trusts will be be asked to look at the local population needs, and plan models in line with workforce planning that can safely meet these needs.	Trust Board level plans, with Safety Champion input and MVP's Where current CoC teams for vulnerable women are in place and can be staffed safely, these will continue	ongoing	Numbers of women in specifc population groups receiving models of CoC.	Consider impacts of community connector models on support to community and health inclusion groups
20	Intervention 2: implement a smoke-free pregnancy pathway for mothers and their partners.	LMNS working on operationalising the new in house maternity pathway for tobacco dependency. TDAs will use MECC to deliver brief health interventions and intense tobacco dependency support. Estimated start dates Oct-Nov 2022	46% of women on a pathway March 23 and 100% by March 24	Mar-24	Numbers of women and familes on smokefree pathway, Numbers and increased opportunities for CO Monitoring. Reductions in poor outcomes.	Single most modifiable risk factor. Improved engagement in services and reducing SATOD rates
21	Intervention 3: implement an LMS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas.	Berks west appreciative inquiry sessions held to explore development of IF support to specifc population cohorts, which has explored and scoped current support provision. BOB LMNS Infant Feeding forum has now been set up and 1st meeting undertaken in July 2022. LMNS IF forum has representation from Maternity and Neonatal, Health Visiting, BFN and public health. New to ensure all place are represented. RBFT for BFI accredation in March 2023, BHT has acheived level 1 accreditation. OUH going for level 3 accredication. A funding bid was submitted and reviewed by funding for GP UNICEF IF online training (e-learning) to futher support GPs supporting women across the system. Some further infomation is required by Oct 2022 prior to final sign off. Childrens Centres at place looking to work towards BFI accreditation.	Devoloped and published strategy. Focused work in specific communities.	Mar 24 (but ongoing)	Numbers of women intiatiating and sustaining breastfeeding	Consider impacts of community connector models on support to community and health inclusion groups
22	Intervention 4: culturally-sensitive genetics services for consanguineous couples.	Whilst BOB is not considered a high need area, work to be undertaken to understand population need and support requirements. Will take up NHS England provide a national support offer for: Online training (and a follow up webinar for all health and care professionals and analyse population needs.	Promote training	Ongoing- March 27	Numbers of staff accessing training	
	Action	Detail	Key Milestones	Target Date	Metric for success	Comments / Updates
	Priority 4d: Support for maternity and neonatal staff	**Priority 4d: Support for maternity and neonatal staff**	**Priority 4d: Support for maternity and neonatal staff**	**Priority 4d: Support for maternity and neonatal staff**	**Priority 4d: Support for maternity and neonatal staff**	**Priority 4d: Support for maternity and neonatal staff**
23	Intervention 1: Roll out multidisciplinary training about cultural competence in maternity and neonatal services.	The Jen Group were commissioned by BOB LMNS to coproduce a cultural competency and safety training package. The Jen group are an independent provider who have previously provided MECC training for BOB. As a result of coproduction meetings, the BOB maternity equity collaboarative has been set up with 7-9 staff and community members who are coproducing a one day training package. The group have developed a vision, learning outcomes, and currently developing comms to promote training. Training dates are shortly to be released: Project will be evaluated for impacts and further resource for developing a 2 day training programme will be sourced in next finanacial year after initial evaluation. BHT focus will be golden thread running through ALL training/study days (Incl brevement, SIs etc). Equity training part of mandatory day and 999 training with SCAS and OUH and has golden thread through prompt.	Following outcome and process evaluations plan to make this a mandatory training package for all new starter staff, ensure embedded in all training. Ensuring a golden thread of cultural competance/saftey through all training programmes. Number of MVP reps attending Communities of Culture training.	Nov 22- Nov 23	Embedded into training programmes across system. Attendence at all levels including and starting with senior leaders.	Process and impact evaluation and promote sustainability
24	Intervention 2: when investigating serious incidents, consider the impact of culture, ethnicity and language.	Use of translators at meetings with the families, and translations of correspondence to the families	Ethnicity is recorded in the investigation reports and is consistently recorded throughout	Oct 22- ongoing	When recording a woman, family and baby's ethnicity there will be consistency throughout, and the ethnicity is recorded as what the woman says it is	
25	Intervention 3: implement the Workforce Race Equality Standard (WRES) in maternity and neonatal services.	The LMNS is developing a workforce stragety for October 2022. Included in this is support for international recruits across the system to ensure they feel welcomed, supported and valued by all staff and service users. This included supporting and promoting their continuous professional development to ensure this is equitable. This includes actions around implementating WRES which includes a focus on international recruitment. 1. Ensure each trust has calculated its target number of international recruits 2. Each trust has a designated IR midwife 3. BOB wide robust preceptor programme 4. Educational and personal support package. For already established workforce the LMNS will be focusing on career and leadership development. ACTION PLAN - May 2022 - Sept 2023 1. Oct 2022 - Jan 2023: Meet with trust and BOB EDI leads to explore using different methodologies for understanding WRES indicators in the context of midwifery and neonatal workforce. 2. Oct 2022: Use the regional staff survey once available to explore the lived experience of maternity and neonatal workforce. 3. Understand the wider context of WRES within the trust, such as the numbers of cultural ambassadors situated in women and children's directorate. 4. Use finding from focus groups and interviews undertaken by Jen group around cultural competance and safety. 5. promote the BOB wide training for WRES champions as part of BAME network and inclusive interview training. Consider and implement recommendations from Turning the tide work. Potential deep dive on specific WRES indicators working with BOB EDI lead and ICB	Publication of workforce strategy, Listening events, Involvement with EDI lead on service exploration though EDS.	Oct 22- ongoing	Named IR leads in trust, Number of staff engaged in listening event,	

	Action	Detail	Key Milestones	Target Date	Metric for success	Comments / Updates
	Priority 4e: Enablers	**Priority 4e: Enablers**	**Priority 4e: Enablers**	**Priority 4e: Enablers**	**Priority 4e: Enablers**	**Priority 4e: Enablers**
26	Intervention 1: Establish community hubs in the areas with the greatest maternal and perinatal health needs.	Pilot and develop Community connector programmes across system. Pilot project with Flos in the Park (Community resource in Oxfordshire). BOB LMNS has provided funding for 1 year (Sept 2022) to develop commuity connectors programme in an area of high deprivation and high ethnic diversity in East Oxford, using an ABCD approach. Project group to be set up with community members who were part of Oxford Healthwatch film, Oxford Community Action, Flos and OUH maternity with support from Community Researcher. Intial meeting planned Nov 2022. Asset based community development has also been undertaken in Bucks with Pakistani and Kashimiri community with MVP and Karima Foundation and plans to replicate Flos model if successful with a potential focus on the community in Castlefield in Wycombe, a key priority area. Potential to develop/repurpose wycombe birth centre to be developed into a community one stop hub with focus on healthy lifestyles such as vaccines and tobacco dependency support. HV services will run from hub with various clinics. Areas in Berks West being identified as potential community development projects.	Set up of project group, TOR, Vision and plans.	Oct 23 for Flos	Numbers of women and birthing people accessing community support, Numbers of women and birthing people skilled up as peer supporters	Process and outcomes evaluation
27	Intervention 2: Work with system partners and the VCSE sector to address the social determinants of health.	BOB LMNS has requested membership of the BOB VCSE alliance in September 2022. The community asset mapping has identified key partners and stakeholders who can support the equity plan moving forward. Equity leads are using asset map to build relationships with community leaders and existing work with community engagmement and development projects have and can identify further support/resource. Recent engagement with VCSE organisations includes Reading Pride, Meet PEET (Patient engagement and expereince team) intiatives, Community United, Castlefield Mamas and Babas group with Karima Foundation and local Childrens Centre, Homestart in Oxford.	Identify potential key partners though membership of VCSE alliance. Increased partnership working with VCSE organsiations. Number of coproduced intiatives and interventions	Mar 24 ongoing	Number of coproduced intiatives and interventions	Building relationships with organisations will take time, and the asset map will be used
	Action	Detail	Key Milestones	Target Date	Metric for success	Comments / Updates
	Additional actions across system (not captured in above)	**Additional actions across system (not captured in above)**	**Additional actions across system (not captured in above)**	**Additional actions across system (not captured in above)**	**Additional actions across system (not captured in above)**	**Additional actions across system (not captured in above)**
28	Workforce resiliance	Build on supporting the workforce and buidling resilance following inpacts of pandemic, Ockeden review and other maternity reports. This will include looking at human factors and civility, Psychological and cultural safety.	Explore promotion and development of initiatives for supporting wellbeing.	Oct 22- ongoing	Number of workplace wellbeing intiatives, Numbers attending Human Factors training and implementation on ongoing support. Listening events with staff.	
29	Student support	BHT DoM and EDI MW lead at RBFT invited by HEE to support the development of a student toolkit for ethnically diverse students. Work with HEI partners to support the recruitment and retention of ethnically diverse students and staff.	Publication of toolkit, Feedback sessions with students, develop relationships with HEI (LME leads).	Jan 23 ongoing	Number of students using toolkit,	
30	Translations	LA and maternity trust review of interpretation systems in Berkshire currently in use and linking with working group in wider trust to address. Plan - coproduction of resources in a range of languages with MVP reps and community connectors. OUH- Translation and Interpreting Patient Experience Officer already offers Trust wide weekly training sessions hosted via MS Teams, providing information about why interpreters are so important and how to use and access them. Collaboratively maternity planning to deliver an equity presentation with patient experinece officer as part of training.	T&F group set up.	Oct 22- ongoing	Increased provison of quality translations in a range of formats including accessibility versions.	The community connector programmes will be 3 year projects, however intial funding is for 1 year. The initial year will be evaluated.
31	HEE CPAR	Reading and Oxford were part of HEE CPAR work and undertook 2 research areas specifc to maternity experience, culminating in Healthwatch Oxford film on Black Womens Maternity Experience and findings from qualitiative study on the impact of the pandemic and digitsation on black womens (and midwives) experience of maternity. Community Connector pilot project is as a result of this film and some of the women who participated in the film with alongside the community researcher will be on the project group and key stakeholders in the overall project, including upskilling and peer support.	Set up of community connector group	Oct 22-23	Number of interventions or intitaives developed from community engagement. Increased number of parent members of MVP.	
32	Maternity steering groups	Maternity Steering groups active in 2/3 places in BOB and meeting regularly with representation from maternity, MVPs, LMNS, Public Health and local authority. To set up in BHT. LMNS are reviewing the set up of steering groups to be more place based and driven by trust rather than LMNS.	Increased representation on steering and look at mechanism for feeding back into LMNS board and exec.	Mar-23		
33	Development of resources with inclusive language following best practice	BOB Task and Finish group to be set up to explore translation and will also look at inclusive language ensuring best practice gender additive language in communications and resources developed. Development of a BOB wide inclusive language SOP, which emphasizes best practice.	Publication of best practice document for system by T&F group	Oct-23	Increased resources in a wide range of formats with gender additive language	Evaluation of project (independent)
34	Community Engagment/Community Connections.	RBFT maternity (EDI Equity midwife) part of the MEET PEET (patient experience team) team attend regular community activities with publlic health and local authority teams. Development of community connector programme in East Oxford. MVPs engaging in community asset relationship building, with initial focus with Home start for Oxofrd, Castefield in High Wycombe for Bucks and new inequalities lead in Berks,	Continued engagement with patient experinece groups and service user activities and listening events.	Oct 22- onwards.	Numbers of women and birthing people skilled up as peer supporters.	Support understanding of vaccine hesitancy in pregnant populations and support wider health promotion and protection
35	Vaccine Equality and health improvement	Refresh of Vaccine champion model used in Jan 22. Wider health promoting opportunities using a MECC approach and onsite vaccine offers at point of care. Work on Covid 19 and flu offers. Potential work on Pertussis at place alongside local authourity public health. LMNS sits on ICB vaccine equality group.	Increase in vaccination uptake, signposting and promotion of healthy behaviours such as CO monitoring and healthy weight conversations. Commisson of MECC, MHFA, Shared Decision Making, This Mum Moves and MI training for maternity and neonatal workforce.	Oct 22- onwards	Increased uptake of vaccinations in pregnancy. Development of vaccine roles in trust.	

Population
Population Needs Analaysis
Provide a clear description of the LMNS population and health outcomes, with a focus on those from diverse backgrounds and those living in areas of deprivation. Link to the Core20PLUS5 approach.
BOB LMNS **A. Ethnicity** Aligning with national evidence, females aged between 15 and 44 represent a large proportion of the total population across BOB CCGs. Oxfordshire has the highest proportion; however, it is noted that the highest number of births relative to the number of registered females is found in Buckinghamshire CCG (BOB LMNS PHE 2021). General fertility rates for BOB sit at 57.7% which is comparable to the national rate (BOB LMNS PHE report 2021, Fingertips 2021). Continuity of care means consistency in the midwife or clinical team that provides hands on care for a woman and her baby throughout the three phases of her maternity journey: Pregnancy, Labour and postnatal period. When continuity of care is utilised the outcomes for women are significant: Seven times more likely to be attended at birth by a known midwife, 16% less likely to lose their baby and 19% less likely to lose their baby before 24 weeks, 24% less likely to experience pre-term birth, 15% less likely to have regional analgesia, 16% less likely to have an episiotomy (Implementing Better Births 2017). The proportion of women across BOB placed on a CoC pathway by 29 weeks gestation is currently 8.5% compared to 22.7% regionally. There is further reference relating to CoC pathways and specific communities below. Continuity of care forms part of the Core 20 +5 model of Health inequalities model adopted by ICS to drive ongoing Health inequalities work.
B. Deprivation 30% of the BOB STP are within the least deprived decile. Additionally, a very small proportion of the BOB population (<1%) and specifically pregnant women booking (0.6%) are in the most deprived decile. This compares to 4.2% regionally (Regional measures report 2021). However, a proportion of the population (17%) collectively fall within the second, third, fourth and fifth decile (BOB LMNS PHE report 2021). 33.3% of women in BOB living in deprived areas are placed on a continuity of care pathway. In Berkshire West there is a specific CoC pathway for women living in RG2, which is an area of higher deprivation. The CoC team in Oxford is not geographically focussed, but there are small variations in the geographical utilisation, which higher rates reflected in central and South Oxfordshire.
Age: Across BOB a higher proportion of births occurs to women aged above 35 years compared to the national average (27.1%). The proportion of births to woman aged under 18 at birth in BOB is currently 0.3% which is similar to both regional (0.4%) and national levels (0.5%) BOB LMNS PHE report 2021, Reginal measures report 2021). Nationally there is a recognised correlation between teenage pregnancy and deprivation and associated adverse outcomes such as higher rates of children of young mothers living in poverty and poor mental health. All trusts across BOB have specific services for young parents, including Family Nurse Partnership provision in Bucks and Oxford and teams in Berks and Oxford for vulnerable women offering additional provision (Poppy team in Berks for vulnerable women and Lotus team in Oxford). Health Behaviours/Lifestyle:
Obesity: Across BOB, Obesity in early pregnancy is 18.4%, compared to 22.1% nationally (women booking with BMI >30) Work is underway to develop an obesity pathway which will include focussed resource and digital peer support. Nationality mothers of black ethnicity are more likely to be obese at booking (32.6%) compared to Asian women (18.5%). Women from deprived backgrounds are also more likely to be obese at booking nationally.
Breastfeeding: Across BOB the proportion of babies receiving breast milk at first feed is 82.4% compared with 76% regionally. The rates of breastfeeding at 6-8 weeks across BOB are 54.7% compared to 53% regionally. The trusts are working towards full accreditation for Baby Friendly.
Smoking: Smoking at time of booking (SATOB) across BOB is 8.5% whilst smoking at time of delivery for year 2020/21 is 6.4% (National smoking dashboard Aug 2021). Whilst there are relatively low levels of SATOD across BOB, there has not been much significant change in levels for the last 2 years (pre pandemic). Work has begun on the new maternity model for in house support as part of the NHS long-term plan. Smoking rates are higher in women from deprived communities. Analysis has indicated where resource should be focussed across the BOB patch, including Banbury in Oxford, the CoC team in Reading and HP13, 19 and 21 in Bucks. The model utilised across BOB for tobacco dependency will eventually incorporate a wider health in pregnancy intervention approach as likely that women who smoke are living in deprived communities, where they may also be obese. Mental health and wellbeing:
Perinatal Mental Health: Across BOB the number of women in contact with specialist perinatal mental health community services as a proportion of births is in line with regional levels at 10% (regional measures report). Each hospital trust within BOB has a perinatal mental health service, which offers slightly different resource.

Overview of Local Data	**List sources of data/evidence currently available to build a picture of local population equity** **e.g. JSNA, Fingertips, MSDS, qualitative data from surveys and service user feedback:** A variety of rich data sources was used to inform the population analysis and equity plan. This includes quantitative (cold) and qualititive (warm) data. Sources used include: King-Hicks, K and Michael, E (2021) Buckinghamshire, Oxfordshire and Berkshire West LMNS PHE report. Strategic Health Asset Planning and Evaluation (Shape atlas tool Available at SHAPE | Strategic Health Asset Planning and Evaluation (shapeatlas.net), Buckinghamshire Joint strategic Needs Assessment JSNA 2016-2020- chapters updated and available online at: What is the JSNA (healthandwellbeingbucks.org) [accessed Oct/Nov 2021] Buckinghamshire County Council (2021) Community Board reports: Available at Local Profiles (healthandwellbeingbucks.org) PHE (2021) Maternal and Child Health fingertips profiles Available at Child and Maternal Health - PHE Oxfordshire Joint Strategic Needs Assessment (JSNA) (202a) available at: Joint Strategic Needs Assessment | Oxfordshire Insight Cherwell JSNA (2021) available at Cherwell_JSNA_2021 (oxfordshire.gov.uk) Oxford JSNA (2021) available at: Oxford_JSNA_2021 (oxfordshire.gov.uk) PHE (2021) Maternal and Child Health fingertips profiles Available at Child and Maternal Health - PHE Trust data and Dashboards Regional Measures report 2021 available via Future Platform's website. MVP survey and service user feedback. HEE CPAR qualitative findings (Reading and Oxford).
Key Targets Identified	**Using the population needs analysis and available evidence, who are the women and families we most need to focus on?** Across BOB the initial focus will be on two population cohorts, black and brown women and birthing people and women and birthing people living in areas of deprivation. It is recognised that across the system the needs and experiences of these groups cannot and should not be homogenised and we need to ensure a focus on intersectionality in approaches to interventions and intiatives. We have identified key geographical areas of focus acrosss the system and work is underway to work with communities using an asset based rather than deficit model, buidling on the gifts, talents and assets within communities. Other health inclusion groups such as LGBTQ+ (Lesbian, Gay, Bi-sexual, Trans, Queer+), GRTB (Gypsy, Romany Traveller and Boater people), Disability (including learning disabilty and neurodiversity), Women and birthing people seeking sanctury will be key populations we will work alongside.
Comments	**Any additional comments or notes around population:** Further analysis will be undertaken to explore key areas not yet identifed which impact on equality such as health literacy, digital access and exclusion.

Co-Production & Engagement		
Use this power/impact metrix to consider how to get the best from your co-production and engagement activities:		
	Low Impact	**High Impact**
High Power	We will aim to coproduce information and communications activities with seldom heard service users. We are putting this activity in the low impact and high power quadrant as service users will influence information design and distribution in an equal partnership coproducing communications (high power) but it will not be as effective as meaningful coproductive activities (lower impact).	Coproduction activities especially with seldom heard service users experiencing the greatest inequalities and who experience the poorest maternity and neonatal outcomes. This will be led by MVPs and community assets who have already built trust and relationships with these service users. We expect these initiatives to take the approach of peer learning, peer support and community connector programmes and will draw on learning from initiatives such as Maternity Stream of Sanctuary and Bradford Doulas. These activities are in the high power, high impact quadrant as we aim to create equal partnerships with service users or even better facilitate citizen control where service users lead community activities. We are already in the process of piloting some programmes in all three areas working with community and cultural organisations working with service users experiencing the greatest inequalities. These include the Karima Foundation in Bucks who work with the Pakistani community and Flo in the Park in Oxfordshire who is based in a deprived area, and Oxford Community Action who work with service users from ethnic minority groups and from deprived communities
Low Power	We will not focus as much energy on codesigning and coproduction with service users not experiencing health inequalities e.g. those in affluent areas or who are not in high at risk groups.	Activities to strengthen mechanisms to translate service user stories and experiences into service improvements. Service users will still have relatively low power in this situation as the decisions will lie with the senior LMNS leaders. However if we can strengthen this mechanism where stories are always considered by senior LMNS leaders and where it leads to service change, this will have a significant impact on service development. It will also impact on trust with service users as there will be a mechanism to feed back changes to those who have told their stories. It will also improve safety as per the Ockenden report as our strategy will be ever changing and dynamic and we will proactively seek feedback about service users experiences including poor experiences which may have impacted their safety.

Consider existing relationships or projects involving co-production, and how these might link to your equity aims	Project	Relevance to equity aims	Contact	Next Steps
	Implementation of the BOB LMNS Coproduction Strategy and Action Plan. Promote use of co-production gap analysis tool	See alignment in coproduction plan between equity steering groups in each of the 3 places in BOB, and ensuring that there is a consistent and high quality approach to coproduction across all of the priority areas cited in the NHS Equity and Equality Maternity System Guidance 2021.	Carrie Grainger, BOB LMNS Prevention Lead	BOB Coproduction Group to be set up with Terms of Reference (Oct 2022). Workstream leaders to confirm they are happy to lead each of the actions in the plans e.g. MVPs/Lead Midwives (Sept 2022). Actions to be implemented according to plan, timescales. Evaluation to be designed for each workstream area.
	Prioritising Community Assets and Developing Relationships to coproduce and involve service users experiencing the greatest inequalities	We have created a detailed asset map across BOB with over 230 assets including Children's Centres, faith organisations and cultural and refugee organisations. We will involve these community assets in all aspects of planning for all the priority areas within the NHS Equity Guidance 2021. For instance we will develop relationships with assets such as faith organisations who work with service users experiencing the greatest inequalities. We will work with each asset by understanding their goals and current engagement with service users and also explain BOB LMNS aims. We will then design plans around the Equity priority areas e.g. sharing stories, digital exclusion, distribution of information, access to services, depending on how each asset is able to be involved. Assets we currently work with such as the Karima Foundation has been able to support the set up of a mother and baby group where Pakistani service users share their maternity experiences and support the MVP to report these experiences back to inform LMNS service development - this will lead to improved equity as we know the pakistani community often experience greater inequalities so by working with them to shape services in the area, this will lead to improved equity.	Asset relationship group Lead TBC (Carrie Grainger, Prevention Lead)	Set up the asset relationship group. Prioritise key assets to develop relationships and contact them to start conversations (Sept 22 to Dec 22). Explore possibilities and options and set up initiatives such as listening events, coproducing information etc.
	Develop community connector programmes across all regions aiming for service users to lead community activities such as peer learning and support.	These will align with all aspects of the priorities in the Equity Guidance 2021 such as digital exclusion, feedback on service improvement, access to information about vitamins, including at risk service users, and considering access requirements such as translation and interpretation services. Community connectors will be trained to support service users experiencing inequalities. We will align with existing initiatives such as social prescribing.	Obsetric Consultant in OUH, Lead Midwives, Neonatal Staff (see action plan)	Pilot Oxfordshire Community Connector programme in Flo in the Park (has been funded). Evaluate this programme and share with other two areas and expand to other areas.
	Create learning opportunities for leaders and BOB LMNS/MDT workforce to understand more about coproduction and ensure buy in of leaders.	We have found so far that the BOB LMNS workforce have not historically had a shared understanding of coproduction. We will align with regional training programmes but in addition we think it is important to monitor senior leadership buy in to this work where they proactively unblock barriers to coproduction and champion it and get involved in local initiatives where needed and relevant. This will align to equity because if leaders have a deeper understanding of coproduction and are championing it locally, this will support involvement of seldom heard service users in the planning process and so improve equity.	BOB LMNS Board, Prevention Lead	Work with senior leaders who attended regional coproduction training - encourage applied learning and change as a result of attending training - monitor changes. Identify advocates for coproduction in SLT and facilitate their involvement. Develop training across the BOB workforce as appropriate and outlined in action plan.
	Create a stronger mechanism for service user stories to inform service improvement	Currently mechanisms are not always effective and we have recently held a listening event and MVPs and Healthwatches have reported back that sometimes the stories are not heard in the right places and so do not influence service development. By improving this mechanism by improving infrastructures such as commissioning leads and Maternity Steering Groups we will be able to improve equity by ensuring the service users experiencing the greatest inequalities are shaping and influencing service improvements by sharing their experiences.	Commissioning Leads, BOB LMNS Board	See action plan. We will explore what is currently in place in each area e.g. MSGs and commissioning lead and discuss strengthening these infrastuctures with the LMNS Board and each individual equity steering group.

	Action	Opportunities for co-production	Lead	Resources/support needed
Plan how the actions you identified in the detailed action plan will be meaningfully co-produced	Creation of the BOB LMNS Coproduction Group to oversee the five year coproduction strategy and action plan	Between Feb and August 2022, over 30 staff and volunteers from across BOB LMNS have coproduced an approach to coproduction and upskilled in coproduction through a series of around 8 Appreciative Inquiry Sessions led by the BOB LMNS Prevention Lead and a specialist organisation Ascent Wellbeing who specialise in asset based community development and coproduction. The sessions included frequent engagement from MVPs including service users and volunteers and staff who worked extensively with service users. They also included midwives, neonatal staff and a range of the BOB LMNS workforce across the three areas. The outputs and outcomes were higher levels of confidence and competence self reported in a process evaluation for many of the staff, along with a detailed coproduction strategy and coproduction plan.	Carrie Grainger/Prevention Lead BOB LMNS and BOB Coproduction Group	Funding for translation and interpretation services once we have identifed the need
	Cultural Competency Training for the whole BOB LMNS Workforce	We commissioned the Jen Group to coproduce cultural competency training with black and brown service users and BOB LMNS staff. There is now a steering group led by service users and staff to codesign and deliver the training across the BOB LMNS workforce, they are the BOB maternity equity collborative.	The Jen Group/Prevention Lead BOB LMNS	
	Strengthening mechanism for service user stories to be translated into service improvements.	We are currently identifying what work is going on with service users to hear their stories especially from seldom heard voices and we are finding that sometimes these stories are not leading to change so we are working on strengthening the mechanism and ensuring feedback to service users on what has changed. We are working with community assets such as the Karima Foundation who work with the Bucks Pakistani community and Oxford Community action who have created a film about black womens maternity experiences in Oxford. We are now working to use these stories to inform service improvement and feed back to service users. Work will include strengthening infrastructures such as ensuring commissioning leads are driving this work and strengthening maternity steering groups in each area.	Maternity Steering Groups, LMNS Commissioners	Ensuring resource and funding for commissioner and MSG in each area
	Piloting community connector and community led peer learning and support programmes for service users using BOB LMNS perinatal services	These initiatives will work with key assets in the community who know the community well and have developed relationships with seldom heard service users using or who have used local perinatal services. For instance we are piloting a community connector programme in Oxfordshire where we are working with a community venue called Flo in the Park which is in a deprived area.We are looking at how midwives can operate from there alongside service users who want to be trained up to be peer supporters	Head of Midwifery/Obsetric Consultant (OUH), Better Birth Midwives (ultimately service users and community asset leads	Funding from LMNS to pilot programmes and evalaute
	Increasing competence and confidence in the BOB LMNS and MDT workforce to ensure that people have a consistent approach to engagement and coproduction with service users. Promotion of National resources- especially use of gap analysis tool. Ensuring that there is leadership buy in to the strategy and action plan	Coproducing what this will look like with BOB LMNS workforce and leaders by asking what they think is needed to achieve the aims of buy in and shared understanding of coproduction across the BOB LMNS workforce	Prevention Lead BOB LMNS, Ascent Wellbeing (commissioned facilitator)	Venues to run training and meet with SLT
	See the coproduction action plan for full details of all coproduction activities including measures and desired outcomes	All coproduction actions are aligned with the work of equity steering groups and will focus on involvement of service users experiencing the highest inequalities in BOB LMNS perinatal outcomes	See leads outlined in action plan	Resources to be identified by workstream leads and sourced from BOB LMNS funding as well as community funding that we are able to access where community assets are involved

Roles & Responsibilities				
Role	**Responsible For**	**Name**	**Email Address**	**Comments**
ICS Health Inequalities Lead	Overseeing the programme for health equity and inequalities, championing the equity programme, unblocking barriers and acting as a Project Sponsor championing the business case and the NHS Equity Guidance	Steve Goldensmith (interim)	Steve.goldensmith@nhs.net	
BOB LMNS Programme Manager	Leading all day to day operations and funding across all equity project areas in line with Equity Guidance 2021.	Zeshaan Mudassar	zeshaan.mudassar@nhs.net	Sits on regular funding panels and reviews equity bids so is responsible for funding and strategic direction of equity.
ICS SRO for Maternity	Executive lead for maternity for BOB ICB	Rachael Corser		
ICS Deputy SRO and Head of Midwifery	Has stategic leadership oversight on whole programme and represents the LMNS at exec level.	Liz Stead		
BOB LMNS Equity and Prevention Lead	Overseeing the day to day operations of the equity strategy and coproduction activities	Carrie Grainger	caroline.grainger@nhs.net	Oversees the day to day operations of implementing equity working with all key stakeholders across BOB LMNS areas. Responsible for delivery of a cohesive strategy across the 3 areas and will chair the BOB Coproduction Group
BOB LMNS Workforce and CoC Lead	Key areas of focus: safe staffing, recruitment &retention (students, RTP, Retirement, succession plans, new pathways into midwifery), workforce wellbeing, workforce education and development. Implementing the building blocks for continuity of career.	Donna Parris	Donna.Parris1@nhs.net	
Obsetric Consultant, Oxfordshire	Championing equity work in Oxfordshire and from the OUH. Focussing on community approaches and heavily involved with supporting refugees and asylum seekers as well as piloting a community connector programme with Flo in the Park, a local community asset in a deprived area	Brenda Kelly	brenda.kelly@ouh.nhs.uk	Currently working with the Prevention Lead to pilot community connector programme in Oxfordshire
Transformation Midwives	Sit on several T&F and workstream groups including PCSPs, Tobacco Steering group for ICB and the BOB Coproduction Group and lead coproduction activities working closely with MVPs. Leading improvements to Continuity of Care and community midwifery services also sitting on local Equity Steering Groups	Natasha Allen (Berks) Michelle Dunne (Bucks) Milica Redfearn - check with MR (Oxfordshire)	natasha.allen@royalberkshire.nhs.uk rose.bedford@nhs.net milica.redfearn@ouh.nhs.uk	
MVP Oxfordshire, Berkshire and Bucks	Responsible for connecting and listening to stories from service users experiencing the greatest inequalities including supporting the development of coproduction community initiatives	Chair and Vice Chairs of 3 MVPs - Emma Taylor, Chair (Berks), HE lead Sree, Danni Miller Vice chair Louise Print Lyons, Chair (Oxfordshire), Vice chair Ruba Asfahani. Fiona Dite, Co- Chair, Shamaila Bashir Vice chair and Ashleigh Owain Vice chair (Bucks)	Emma Taylor - royalberkshiremvp@gmail.com HE lead Sree sreeha9@gmail.com and Danni Miller Louise Print Lyons - hello@omvp.co.uk, Vice chair: Ruba Asfahani: Rubaasfahani@gmail.com Fiona Dite@gmail.com Shamaila.bashir@gmail.com, Ashleigh.owain@gmail.com	We are working on a more consistent approach to MVP work across the area and all three sit on the BOB coproduction group so we are working towards sharing information and what is working well across all three areas.
BOB LMNS Neonatal Lead	Oversees neonatal practice across BOB LMNS	Jean Yong	jean.yong@ouh.nhs.uk	Jean is currently sitting on the BOB coproduction group and advises on neonatal service development.
Family and Engagement Lead, Thames Valley Neonatal	Oversees the engagement strategy for families using neonatal services and listens to their stories and experiences with a view to them shaping service improvement	Emma Johnston	emma.johnston21@nhs.net	Emma sits on the BOB coproduction group and advises on coproduction and engagement approaches and work that has been done so far.
Heads of Midwifery	Lead the day to day changes and operations for maternity services in BOB LMNS	Sarah Bailey, RBFT, Check OUH, Elaine Gilbert BHT.		
Directors of Midwifery	Lead the overarching strategic direction of maternity services within their area in BOB LMNS	Heidi Beddall, Bucks. Christine Harding RBFT Milica Redfearn OUH	h.beddall@nhs.net Christine.harding@royalberkshire.nhs.uk Milica.Redfearn@ouh.nhs.uk	
Safety and Quality Lead, BOB LMNS	Safety Lead role encompasses the quality agenda as well. To seek assurance from all the stakeholders within the system, that they are complying with the national safety agendas and compliance within the National Maternity Transformation Plan, as well as national safety drivers, such as MIS, Ockenden, SBLCBv2. To work collaboratively with the stakeholders, including the MVP's to explore issues, and share learning from excellence. To be the 'critical' friend and create professional discussion as an external panel member at PMRT and SI/Patient Safety Incidents as required. To strengthen relationship within and outside of the system at regional and national level to ensure the quality and safety agenda is responsive and inclusive. Work alongside the other workstream leads within the LMNS to ensure cohesion and transparency at all times.	Nicky Galdeano	nicky.galdeano1@nhs.net	Nicky is working on workplace wellbeing which is an interdependency to community coproduction as if the staff are stressed they will have limited capacity to be involved in this work or have time to listen to stories from service users. Nicky is embedding a human factors to safety into the organisation and sits on the BOB coproduction group
Maternity Neonatal Safety Lead, Oxfordshire	Advises on neonatal and maternity safety strategies and plans across the Thames Valley area	Eileen Dudley	eileen.dudley@oxfordahsn.org	Eileen is heavily involved in the coproduction strategy across BOB LMNS and has created many changes to the existing coproduction strategy and sits and advises on the BOB Coproduction Group
RACI (S)	We have done a RACI looking at these roles and who is responsible for which elements of the equity strategy	Carrie Grainger	caroline.grainger@nhs.net	Caroline is overseeing the day to day implementation of the equity and coproduction strategy including the RACI and stakeholder analysis
Equity Steering Groups	One for each of the three areas in BOB. They are responsible for overseeing the implementation of this equity plan and aligning with the coproduction strategy and plan	Place led- Natasha Allen RBFT, Brenda Kelly OUH and Michelle Dunne BHT		Wide representation on groups including local authority and VSCE
Maternity Steering Groups	Each place has a maternity steering group in situ	Currently led by LMNS		Reviewing steering groups to consider role of LMNS and give ownership back to trusts.
LMNS Board				

Communications Plan					
Subject	**Key Messages**	**Audience**	**Format/Platform?**	**Target Date(s)**	**Comments**
What subject do the communication(s) relate to?	***What are the key messages?***	***Who are the desired audience?***	***What format will the communication(s) take? Where will they be shared?***	***When will the communication(s) be circulated/shared?***	***Comments***
Service user communication on equity and equality plans	Overview of guiding principles, approach, vision, objectives and measures. Underpinning values and the importance of co-production.	All service users and families	Use of social media channels. Development of a coproduced digital story/podcast and infographic. Ensuring translated versions available.	*Sept 22- Jan 23*	
Awareness of equity, equality and coproduction strategies and plans to strategic leads	Overview of guiding principles, approach, vision, objectives and measures Roles and responsibilities of delivering strategy and actions (see RACI) Ensuring stakeholders understand where they need to be involved and the big picture and their individual actions and accountability	Equity Steering Groups ICS Board LMNS Board Maternity Steering Groups LMNS Commissioners	Face to face presentations to boards so a two way dialogue can be held	Sept 22 to Dec 22	Presentations to be designed and distributed by emailt to all audiences
Communications to priority community assets such as faith orgs who work with	Key points from equity and coproduction strategies - goals and vision Understanding how they currently work with service users experiencing inequalities Exploring joint aims and how we can support each other Understanding how they can help us access service users	**Priority community assets from the asset map** Faith organisations Children's Centres Cultural organisations Community development organisations VCSE Health Alliance Inter Faith Forums Voluntary Community Action orgs	Face to face meetings with a presentation or brief report on BOB LMNS goals in relation to equity and coproduction	Sept 22 to March 23	First six months design communications and start relationships with assets and service users.
Communications to service users experiencing the greatest inequalities	Key points about the equity and coproduction work and why it is important How we are hoping they may be involved Listening to their aspirations, passions and strengths Exploring opportunities for coproduction and joint working	Black and brown service users Service users living in deprived households Other seldom heard voices such as LGBTQ community, travellers, people who do not speak English, people with disabilities, digitally excluded service users	Working with community assets face to face Simple brief summary of equity work and why it is important (coproduced with MVPs) Working face to face and online to develop meaningful relationships	Sept 22 to March 23	First six months, design communications and start relationships with assets and service users
Communication about coproduction with senior leads in the ICS and BOB LMNS	Outline of what coproduction and engagement is (e.g. use of the participation ladder) Discussion about their understanding of its application in reality Discovering more about how senior leaders are actively championing coproduction Identifying advocates for coprodution and equity work	Senior leaders in ICS Senior Leaders in BOB LMNS - BOB LMNS Board Directors of Midwifery and Neonatal LMNS Commissioners	Presentations and discussions at key SLT Board such as BOB LMNS Board and SLT ICS Boards	Sept 22 to Sept 23	This will be part of long term discussions over time with an aim to strengthen champions and facilitators at a senior level within the ICS and BOB LMNS
Communication to Health and Wellbeing Board	Key points about the equity and coproduction work in BOB LMNS Identifying any gaps in representation from the LMNS on the Health and Wellbeing Board	Health and Wellbeing Board in the 3 areas	Presentations and discussions with the Board and identification of representation on the board and ongoing communications plans in place	Sept 22 to March 23	
Communications to elected councillors and Councils in all three areas	Key points about the equity and coproduction work in BOB LMNS Discussions about identifying connections and communications about this work to relevant leads Ideally identifying champions of the work including elected councillors and Council leads	Councils in 3 areas and public health teams, elected councillors with an interest in this area	Presentations and a report outlining this work	Sept 22 to March 23	
Communications with GPs in all 3 areas	Key points about the equity and coproduction work in BOB LMNS Align the equity strategy more strongly with the GP project work looking at estates issues such as housing the midwives and also ongoing communications and information sharing between midwives, neonatal teams and GPs	ICS GP Board, GP with special interest in maternity and neonatal, ICS GP and Estates Projects	Presentations and a report outlining this work	Sept 22 to March 23	This work will be longer term but initially we will aim to start conversations to see how equity is currently aligned with GP community strategies
Communications with Safety Leads across BOB LMNS	Key points about the equity and coproduction work in BOB LMNS Align equity work with key safety priorities such as the recommendations from the Ockenden report Explore joint actions and opportunities to improve safety within the equity strategy and embed equity into the safety strategy	BOB LMNS Safety Lead Safety Forums	Presentations and a report outlining this work	Sept 22 to March 23	Meetings with the safety lead will be the next step - she also sits on the BOB coproduction group which will help to encourage joint working
Communication with BOB coproduction group	Terms of reference for the group Agreement of coproduction plan and strategy Sharing the RACI and clarity on roles and responsibilities	BOB Coproduction Group	Terms of reference, coproduction plan distribution and RACI	Sept 22 to March 23	
Mechanisms for sharing stories (warm data)	There will be many opportunities to hear service user stories and stories of change and need to ensure development of a mechamism for where these stories land and are heard across system where there are actionable/accountable issues	BOB Coproduction group- LMNS board	Explore how both stories of services users and stories of change are shared at LMNS board.		

Measurement Plan

Measure	Detail	Type of Measure	Data Collection	Existing Source or New Data Collection?	Comments
What is the success measure?	Provide detail on the measure and how it is relevant to the action plan	Is this an outcome or process measure?	How will data be collected to demonstrate this measure?		Comments
Overarching measures					
The mortality rate between women/babies living in deprived areas and non deprived areas	This will show inequalities in mortality between people living in deprived areas and non deprived areas and we can measure progress over time	Outcome measure	Work in collboration with Public Health teams for data analysis		
The mortality rate between black women/babies and white women and/or women in other ethnic groups	This will show inequalities in black women's mortality rates and we can measure progress over time	Outcome measure	Work in collboration with Public Health teams for data analysis		
The mortality rate between asian and white women/babies and/or women in other ethnic groups	This will show inequalities in Asian women's mortality rates and we can measure progress over time	Outcome measure	Work in collboration with Public Health teams for data analysis		
Core 20+5 Continuity of Care					
Number of women from black and asian populations receiving models of continuity of carer		Process and outcome measure	MSDS/Regional Measures/Trust dashboards	Regional Measures Report	
Experience of care from black and brown populations	Proactive involvement of black and brown populations and those from deprived outcomes to gain feedback on the experience of care. Proactive discussions about what good care looks like	Both. The outcome will be the feedback themes gathered from the service users. The process will involve how we evaluate the process along the way in review points looking at what is working to involve people, what are the challenges and using learning to change approach	This might be thorugh MVP survey/focus groups, community listening events,	Regional Measures Report	
Priority 1 Intervention					
Women using Folic Acid	Tailored communciations and discussions with these groups	Outcome measure	Regional Measures Report	Regional Measures Report	
Implementation of the Four Actions in Priority 1		Process and outcome evaluation - identify how to measure the outcomes and record reviews of plans with workstream groups to see what is working well and the challenges, such as evaluation of HS scheme pilots			
Priority 2 Intervention					
The number of women with a Personalised Care and Support Plan which covers: antenatal care by 17 weeks gestation intrapartum care by 35 weeks gestation postnatal care by 37 weeks gestation None 12 | Equity and equality: guidance for local maternity systems • The numbers of women who had all three of the above in place by the gestational dates All indicators are available with breakdowns by ethnicity and index of multiple deprivation (source: MSDS)	As per Equity and Equality NHS Guidance 2021	Process	MSDS/Regional Measures/Trust dashboards	MSDS	Baseline data in equity analysis
Priority 3 Intervention					
Safety action 2, category 9: data submitted to Maternity Services Data Set (MSDS) contains valid postcode for mother at booking in 95% of women booked in the month. • Ethnicity data quality (source: Regional Measures Report). • Safety action 2, category 10: data submitted to MSDS includes a valid ethnic category for at least 80% of the women booked in the month. Not stated, missing and not known are not valid records.	As per Equity and Equality NHS Guidance 2021	Process	MSDS/Regional Measures/Trust dashboards	MSDS	Baseline data in equity analysis
Priority 4 Intervention					
See all measures in coproduction action plan	See BOB LMNS Coproduction Strategy and Plan attached	Process and Outcome	Workstreams will identify baseline data and approach to gathering and analysing data	Bob Coproduction Group	
The Maternal Medicine Network is implementing the KPIs in the non-mandatory national service specification. They are broken down by level of deprivation of the mother's postcode and ethnicity • Booking at <70 days gestation (source: Regional Measures Report) • Proportion of women with complex social factors who attend booking by 10 weeks, 12+6 weeks and 20 weeks (source: Regional Measures Report) • For each complex social factor grouping, the number of women who: attend for booking by 10, 12+6 and 20 weeks; and attend the recommended number of antenatal appointments • % of parent members of the MVP who are from ethnic minority groups • % of women attending the booking appointment who are from ethnic minority groups (source: Regional Measures Report) • Ethnicity data quality (source: Regional Measures Report)	As per Equity and Equality NHS Guidance 2021	Process	MSDS/Regional Measures/Trust dashboards	Regional Measures Report	Baseline data in equity analysis
Placement on a continuity of carer pathway – Black/Asian women • Placement on a continuity of carer pathway – women living in the most deprived areas • Baby Friendly accreditation	As per Equity and Equality NHS Guidance 2021	Process	MSDS/Regional Measures/Trust dashboards	Regional Measures Report	National targets removed.
Breast milk at first feed • Low birth weight (<2,500g for term births) • Deliveries under 27 weeks • Deliveries under 37 weeks	As per Equity and Equality NHS Guidance 2021	Outcome	MSDS/Regional Measures/Trust dashboards	Regional Measures Report	Baseline data in equity analysis
% of maternity and neonatal staff who attended training about cultural competence in the last two years • % of maternity and neonatal Serious Incidents relating to patient care with a valid ethnic code • % of Perinatal Mortality Review Tool cases with a valid ethnic code	As per Equity and Equality NHS Guidance 2021	Process	MSDS/Regional Measures/Trust dashboards	Internal training records	Baseline data in equity analysis
Outcomes from cultural competency training - how confident and competent do staff feel?	As per Equity and Equality NHS Guidance 2021	Outcomes		Evaluation of the training involving training participants and service users views of cultural competency - led by the Jen Group focus group	
WRES indicators 1 to 8 for midwives and nurses in maternity and neonatal service.	As per Equity and Equality NHS Guidance 2021	Outcome	WRES/ Listening events	Internal WRES data	

Sustainability and Embedding Plan					
Action	**Current State**	**Resources Needed**	**Who needs to be involved to achieve sustainability?**	**How will you know it is embedded?**	**Timescales and Evaluation**
Which action does this relate to?	**What is the current state of the action, how has it improved things?**	**What resources are needed to embed this action into 'business as usual'?**	**Who needs to be involved to embed this action and make it sustainable?**	**How will you know that this action is embedded and is 'business as usual'?**	**What are the timescales for embedding this action? How will it be evaluated?**
Access to translators and interpreters is easily accessible especially for high risk women or those experiencing inequalities	This is inconsistant and not easily accessilbe	We are looking at various options including an APP, relationships with community assets who speak languages and community connector programmes, improving diversity of MVPs etc.	BOB LMNS Boards, Commissioners, Maternity Steering Groups, Senior Leads in Hospitals	There is investment of resources into this area and it is evaluated that there is significant improvement so this service is more readily available	12 months
Service user stories are fed back to high level boards and learning from the stories leads to service improvements - service users who have shared sometimes distressing stories receive feedback on how their stories have led to change	MVPs are working with the hospitals and Director of Midwifery and Neonatal teams but again is inconsistant and depends on the support and commissioning arrangements in the area - often service users do not hear what has changed as a result of their stories being shared.	Infrastructure strengthened including a proactive commissioner in each area and Maternity Steering Group and Neonatal Leads driving this work and ensuring learning leads to action. Accountablity and escalation procedures need to be in place	Directors of Midwifery, BOB LMNS Neonatal Lead, BOB LMNS Board, Commissioners in each area	MVPs and community groups leading this work e.g. OCA are reporting that learning is systematically leading to action - there are frequent examples shared in high level boards about changes to services led by service user input	12 months to 2 years
Service users experiencing the greatest inequalities in perinatal outcomes are leading community support initiative and perinatal community activities such as peer learning and community connector programmes	We have just started some asset based community development approaches including the pilot of community connectors in Oxfordshire in one small deprived area.	Funding to pilot, evaluate and expand this work	ICS Commissioners, Local advocates such as Lead Midwives, Passionate service users	Black and brown service users and those from deprived areas are leading initiatives and report being sufficiently supported by service staff such as midwives	2 years
MVPs increase diversity so they reflect the demographic make up of service users experiencing the greatest inequalities such as black and brown women and people from deprived areas	Currently mostly white staff and volunteers from non deprived areas although recently more black and brown women are getting involved and community asset partnerships are being formed enabling MVPs to reach wider number of service users	Increased funding for MVPs	MVPs, BOB Coproduction Group	MVP staff/volunteers represent the communities they are serving and the service users with greatest inequalities	12 months
Risks to staff wellbeing will have reduced and staff will feel more able to engage with the coproduction and equity work - embed a psychological risk assesment regularly into staff wellbeing strategies and create meaningful control measures involving staff in the solutions.	Currently there is not a systematic risk assessment to identify risks to staff's psychological wellbeing. The WRES indicator data is collected and staff surveys are distributed but currently there is not a systematic approach to this work	Use of staff surveys and feedback to inform workplace wellbeing. Funding to support staff wellbeing - there is currently a workplace wellbeing lead so some resouces have been identified as well as with the safety lead who is embedding human factors approaches into wellbeing strategies.	Safety Lead, Workplace Wellbeing Lead, WRES lead	When risk assessments are regularly being carried out focussing on risks such as discrimination, workloads, bullying, lack of manager support, racism	12 months
Service users and staff are building capacity in line with their strengths, passions and interests. Each time we engage or coproduce with service users we are actively looking for how they can build skills and confidence and meet their personal aspirations - in this way we are investing in and supporting community assets including service users	Currently this happens on an ad hoc basis but no real strategy for how we train people carrying out coproduction strategies to build capacity in the community	Skills in community development Funding in the local areas in community development Funding for training for key staff	Prevention Lead, Community Development Teams in each area, Commissioners	When there is a strategy in place, resources are identified and an approach to building capacity is being implemented across the 3 areas	2 years
VCS sector are actively involved in perinatal projects	Healthwatch have attended joint meetings with BOB LMNS and MVPs and more joint working is starting. We have mapped the VCS sector and community assets but work happens again on an ad hoc basis	Not sure yet	Prevention Lead, Programme Manager, SRO	Meaningful relationships have been developed with the VCSE sector both with umbrella orgs like VCSE health alliance, inter faith forum and key priority community organisations like cultural and resident groups. This work is leading to an increased involvement with service users experiencing the greatest inequalities	2 years
Cultural competency training is leading to increased competency in service delivery	Cultural competency training is currently being codesigned	Funding for ongoing training, Funding and resource for evaluation and sustainability of the training	The Jen Group/Prevention Lead	Service user feedback reports that staff have good cultural competency	1 year

Risk	Risk Score	Risk	Control Measure Required
Investment resource of strategic and operational leaders to deliver at trust level	16		Investment from ICB and LMNS to ensure trust level posts for equity are made longer term to provide implemetation and sustainbility
Investment and resource to support robust delivery of equity plans	9		Need to understand investment and resource available in the wider system in health inequalities and look to innovative and collborative working/funding.
Women experiencing the greatest inequalities may not get access to some care due to changes in provision of maternity support from primary care.	9		We are looking to identify a GP lead for the LMNS to support on issues with primary care provisions acorss the reprodcutive life course.
Midwives may not be able to continue high levels of care when moving premises out of GP surgeries especially if they are not housed appropriately with resources that they need.	9		Interdependencies with Estates needs to set clear goals and outcomes with timescales and they need to communicate regularly with midwives to listen to their needs and concerns. New location ideas need to involve midwives in the solutions so midwives and Estates need to work closely together
Coproduction and meaningful engagement will not happen with people with the greatest inequalities if senior leaders do not understand it and are not providing sufficient time, resources, funding and capacity for staff to engage in this work.	3		Senior leaders in ICS and BOB LMNS including commissioners engage with Coproduction training both regionally and locally and consider how they will proactively support this work to happen and unblock barriers and champion it locally and create meaningful partnerships and commissioning arrangements with the VCSE sector

APPENDIX A CONTINUED

Risk Scoring Matrix

	Severity				
Likelihood	**1 Insignificant**	**2 Minor**	**3 Moderate**	**4 Major**	**5 Catastrophic**
1 Rare	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Possible	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Almost Certain	5	10	15	20	25