

L&SC Local Maternity & Neonatal System

Insight, Co-production and Engagement Update

PIEAC

28th February 2024

Public Sector Equality Duty Objective for Maternity

Maternal, Newborn and Infant Clinical Outcome Review Programme

Saving Lives, Improving Mothers' Care

Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20

Compiled report including supplementary material

November 2022

Missing Voices

Key messages from the report 2022

229 women died during or up to six weeks after the end of pregnancy in 2018-20

10.9 women per 100,000 giving birth

24% higher than 2017-19

27 of their babies died

366 motherless children remain

A further **289 women** died between six weeks and a year after the end of pregnancy in 2018-20

13.8 women per 100,000 giving birth

9 women died from covid-19

Excluding their deaths, **10.5 women** died per 100,000 giving birth

19% higher than 2017-19

1 in 9 women who died had **severe and multiple disadvantage**

Most women died in the postnatal period **86%**

Black women were **3.7x** more likely to die than white women (**34 women** per 100,000 giving birth)

Asian women were **1.8x** more likely to die than white women (**16 women** per 100,000 giving birth)

More women from **deprived areas** are dying and this continues to **increase**

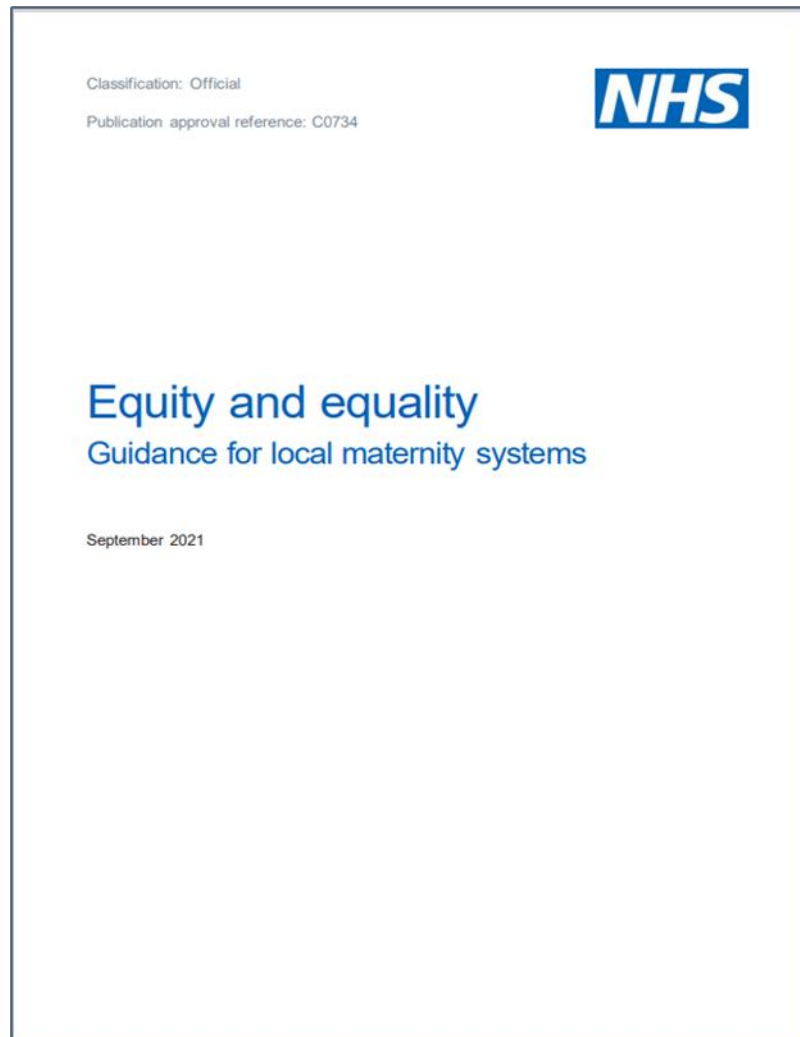
In 2020, women were **3x** more likely to die by **suicide** during or up to six weeks after the end of pregnancy compared to 2017-19

1.5 women per 100,000 giving birth

“Imagine the world if everybody who was defined as the problem,
secured the power to redefine the problem.”

Cormac Russell

Public Sector Equality Duty Objective for Maternity



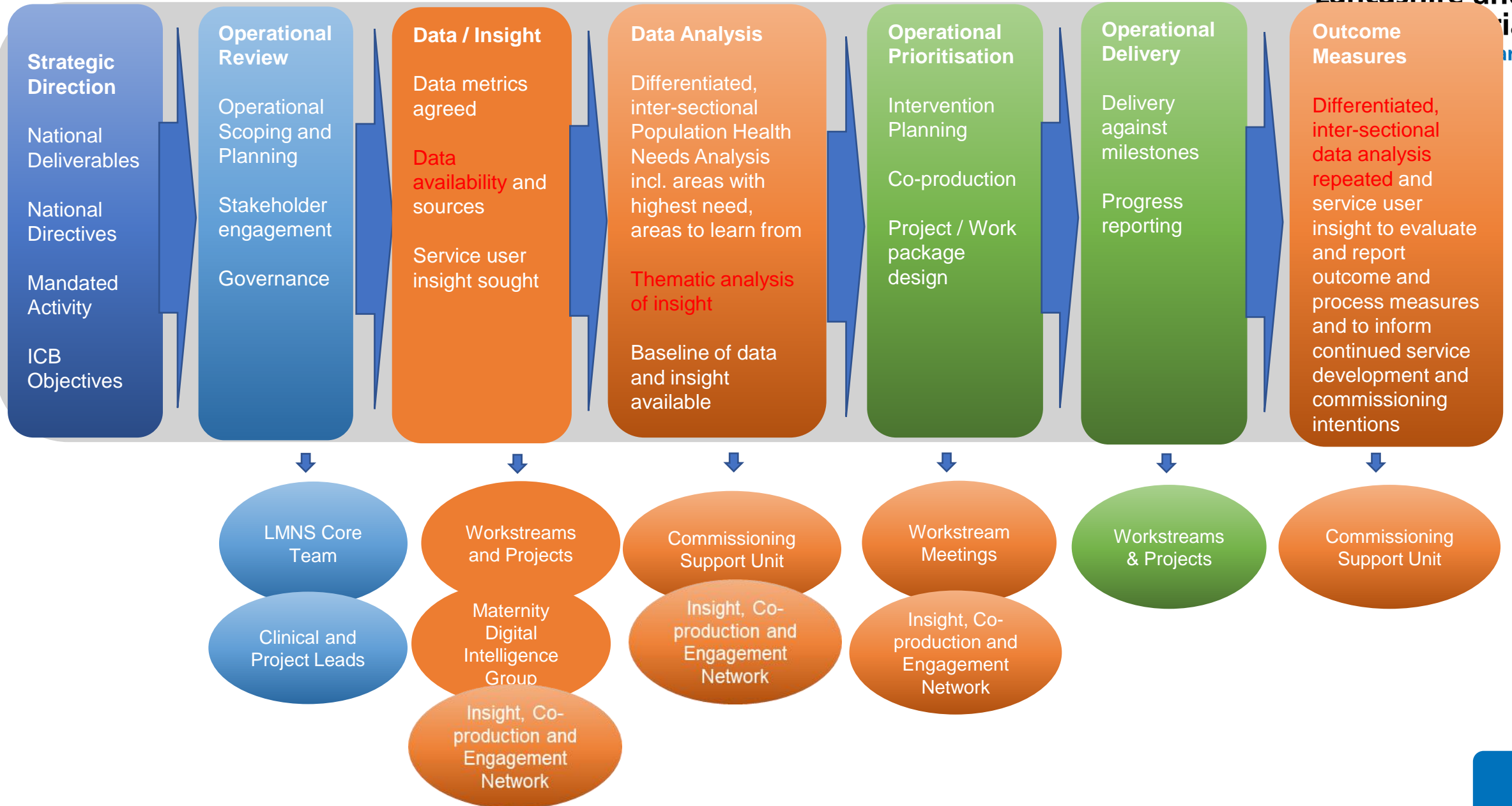
In response to Intervention 6, priority 4b of the Equity and Equality guidance for LMNSs:

“ensure the MVPs in your LMS reflect the ethnic diversity of the local population, in line with NICE QS167”

Maternity have proposed the following objective for Public Sector Equality Duty:

“To demonstrate that insight, co-production and engagement (ICE) activity is with maternity and neonatal service users and their families who are representative of the diversity of the local (maternity) population.”

LMNS Operational Process Map



DRAFT - MNA Insight, Co-production and Engagement Group – Terms of Reference

Meetings: Virtual on MS Teams: First Friday of each month 14.00 – 16.00



Lancashire and South Cumbria
Integrated Care Board

Overarching purpose

To assure and support engagement, involvement and coproduction activities with perinatal women, their families and communities within the scope of the LMNS programme. The group will share learning with the overarching aim of informing service / intervention development and evaluation.

Responsibilities / Remit

To work with the workstreams of the M&N E&E, wider maternity and neonatal programmes to develop and maintain a meta-plan of scheduled activity, coordinating this in response to place-based, population-based and system-wide need..

To act as a source of information and support regarding the undertaking of co-production activity within maternity and neonatal communities.

To maintain a bank of evidence that communities have been heard and have had the opportunity to inform service development and evaluation – and thus, provide assurance to the LMNS Equity and Equality Oversight Group and LMNS Board that action plans are co-produced by a diverse range of community members and ongoing feedback re implementation is systematically being enabled.

To collate and theme service user feedback.

To inform intervention development, improvement activity and evaluation, basing our input on population health needs analyses which includes LMNS and local level service user insight gained as a result of engagement, involvement and coproduction.

To share learning regarding engagement, involvement and coproduction methods and insight themes in relation to perinatal women, their families and communities. disseminations

To ensure linkage with other ICE networks across the system and with place-based and primary care network teams.

To establish links to local service directories and input to these in relation to perinatal services.

To ensure alignment with the working with people and communities strategy and as such to report insight and assurance in these respective assurance reports, via the public involvement and engagement advisory group of the ICB.

Core membership

Head of ICB Communication and Engagement Team	LSC ICB
Public Health, Prevention and Early Intervention Strategic Clinical Manager for Children, Young People and Maternity	LSC ICB
Maternity Voice Partnership Leads: East; Preston, Chorley and South Ribble; Baywide; Blackpool, Fylde & Wyre	Hosted by HealthWatch Lancashire
Family Hub Parent-Carer Panel Leads: LCC, BwD Council, Blackpool Council, Westmoreland and Furness Council	Local Authorities
Lancashire and South Cumbria Neonatal Patient Advisory Group Lead	NW Neonatal Operational Delivery Network
Members of the Involvement, Coproduction and Engagement Team	LSC ICB
Project and clinical leads (Guest Members as required)	Cross-system organisations
Partner VCFSE representatives including HealthWatch Engagement Project Leads (Guest Members as required)	Cross-system organisations

Inputs from

Project leads/ Clinical Leads

Risks and issues for discussion, mitigation and/or escalation

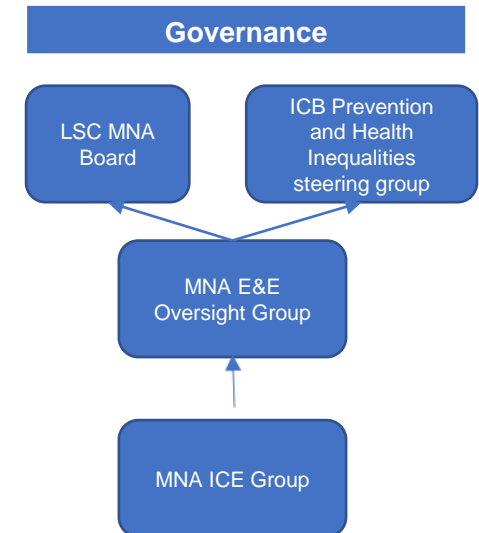
Project plans, reports, data and findings

Outputs to

Chair's Report > MNA E&E Oversight Group

PIEAC Sub Committee of the Board – Assurance Report

PIEAC Sub Committee of the Board – Insights Report



Re-organisation of Maternity and Neonatal Voice Partnerships Arrangements



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MNVPs hosted by Healthwatch Lancashire, including provision of mandatory training and administrative support

Developing systems to code demographics of those engaged with by MNVPs against the themes of the feedback

Standardising the format of MNVP workplans for 2024

Maternity and Neonatal Independent Senior Advocate



Lancashire and

Drivers:

- The ISA Role is a partial fulfilment of **Ockenden IEA2** “*Maternity services must **ensure that women and their families are listened to with their voices heard***.” : “*Trusts must create an **independent senior advocate role which reports to both the Trust and the LMS Boards.***”
- The first finding shared from **Dr Kirkup’s report** into care at East Kent was : “*We have found a clear pattern... **those responsible for the services** too often provided clinical care that was suboptimal and led to significant harm, **failed to listen to the families involved**, and acted in ways which made the experience of families unacceptably and distressingly poor.*”
- The NHS Three Year Delivery Plan for Maternity **Theme 1: “Listening to and working with women and families with compassion ... Listening and responding to all women and families is an essential part of safe and high-quality care.”** inextricably links listening to women and families and the safe delivery of care.

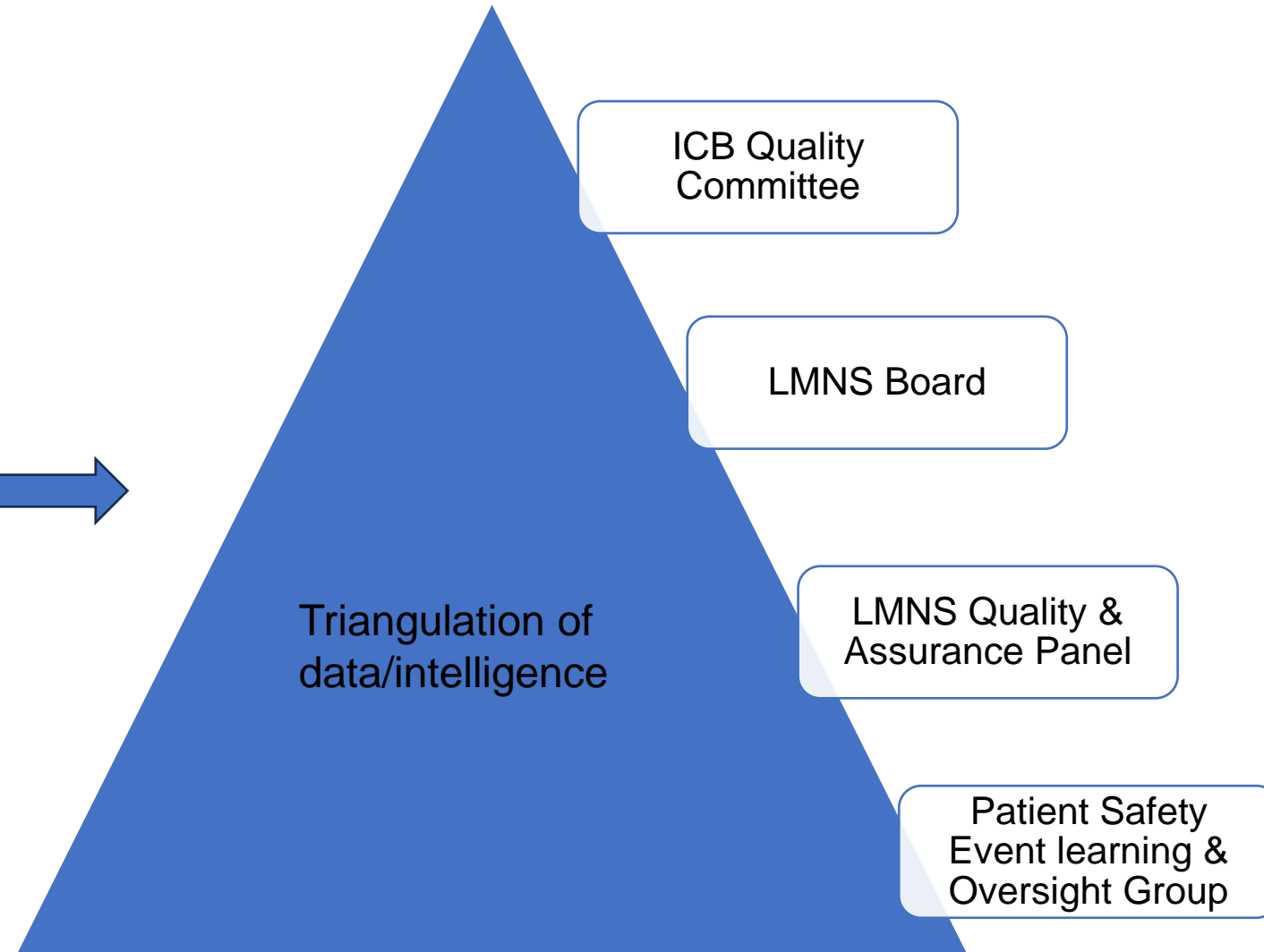
Role:

- Support women and families who have experienced an identifiable adverse outcome** (including Stillbirth, Neonatal Death, HIE, Maternal ITU/CCU admission, maternal hysterectomy, maternal death).
- Offers **navigational support** and **system advocacy** to families, navigating maternity and neonatal healthcare, where there are concerns about maternity or neonatal care and where there has been an **adverse outcome**.
- With the support of the ICB, reports to both the Trust and the LMNS boards, providing robust feedback on both individual events and trends.**
- Supports quality and safety workstreams **making recommendations for actions and improvements** in response to serious incidents or harm in relation to service user experience and patient safety.

Quality & Safety Programme of Work

Examples of intelligence

- CQC Maternity Survey
- Patient safety event reports
- Friends/family Test
- Claims score card review (MIS)
- Maternity Safety Champions meetings



Current and Planned Insight Work



Commissioned piece of work – planned: enter and view and roadshows in 03/24 to feed into Board Away Day re. experience of maternity care.



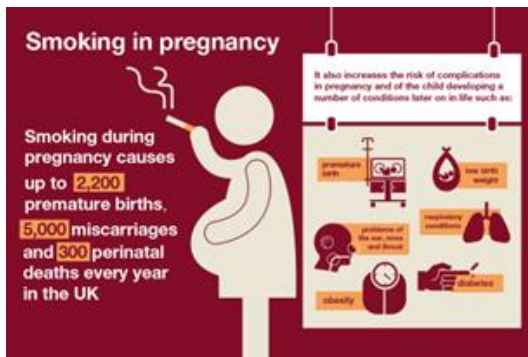
Propose to add to the work plans of M&N ICE Network for 24/25 – personalised care experience.



Commissioned work – complete: co-production of breastfeeding strategy.



Commissioned work – ongoing: input to design of Enhanced CoC teams



Propose to add to the work plans of M&N ICE Network for 24/25 – smoking and vaping in pregnancy.



Proposed service evaluation 24/25



Commissioned work – ongoing: co-production of Births Afterthoughts service



Commissioned work – ongoing: culturally sensitive genetics services for consanguineous couples



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