



Humber and North Yorkshire Health and Care Partnership

Local Maternity and Neonatal System Equity and Equality Action Plan Update

September 2025



Outreach Work at Peel Street Project – 21/08/25

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2 INTRODUCTION

The Humber and North Yorkshire (HNY) Local Maternity and Neonatal System (LMNS) Equity and Equality Action Plan [Local Maternity System - Equity and Equality](#) was first published in October 2022. This update highlights the considerable progress made since then, while setting out the next steps to accelerate delivery.

The HNY LMNS vision is for maternity and neonatal services to be kind, safe, and equitable, enabling teams to provide personalised, supportive, and informed care with empathy, understanding, and compassion. Our commitment is to ensure that all women, birthing people, and babies receive the best possible care, while reducing health inequalities and tackling inequity across our diverse population.

This plan was developed in response to NHS England's [NHS England » Equity and equality: Guidance for local maternity systems](#) (September 2021), which sets a clear national ambition to halve disparities in maternal and neonatal outcomes. In autumn 2021, HNY LMNS began scoping local priorities and submitted an initial plan in December. After regional feedback, a revised version was finalised in May 2022, incorporating updated data, service user insights, and learning from other LMNSs.

This update moves the HNY LMNS from planning into purposeful action, aligned with NHS England's national ambition. Our focus is on accelerating progress so that maternity and neonatal services are not only safe and personalised but also consistently equitable. We are committed to tackling the structural and systemic barriers that contribute to poorer outcomes, with particular attention to women, birthing people, and babies from marginalised, minoritised, and deprived communities. By embedding inclusive practice, strengthening accountability, and addressing health inequalities, we aim to reduce disparities in outcomes and ensure that every family across Humber and North Yorkshire receives compassionate, high-quality maternity care.

3 BACKGROUND

In March 2023, NHS England published the [NHS England » Three year delivery plan for maternity and neonatal services](#) outlining the national ambition to make maternity and neonatal care **safer, more personalised, and more equitable**. The plan focuses on four key priorities:

1. **Listening to women and families with compassion**, promoting safer care.
2. **Supporting the workforce** to develop the skills and capacity needed to deliver high-quality care.
3. **Fostering a culture of safety** to benefit all staff, women, and families.
4. **Meeting and enhancing standards and structures** that underpin national maternity and neonatal goals.

The plan defines responsibilities across the system, including NHS Trusts, Integrated Care Boards (ICBs), Local Maternity and Neonatal Systems (LMNSs), and NHS England. All actions within the **HNY LMNS Equity and Equality Action Plan** are aligned with this three-year delivery plan.

4 DELIVERING HIGH-QUALITY AND EQUITABLE CARE

High-quality care is defined as **safe, effective, efficient, timely, equitable, and centred on user experience**. In maternity and neonatal services, this standard underpins the [NHS England » Maternity Transformation Programme](#) which builds on [Better Births – NHS England](#) (2016), the [NHS Long Term Plan](#) (2019), and the *Ockenden Reports* (2020 & 2022) [Final report of the Ockenden review - GOV.UK](#)

Care must also align with the **NHS Constitution**, the **Equalities Act 2010**, and the **Health and Social Care Act 2012**, ensuring outcomes are equally good for all groups. Equity extends beyond clinical care to include enabling systems, such as IT and data, which must support accurate reporting, highlight service gaps, and provide accessible information. This aligns with the HNY ICS Digital Strategy (2023), which prioritises digital inclusion for those facing barriers due to skills, equipment, health conditions, or connectivity.

In addition, the NHS 10-Year Plan [10 Year Health Plan for England: fit for the future - GOV.UK](#) outlines a commitment to transforming care through community-based services, prevention, and equity and aligns directly with the NHS pledge to improve equity for mothers, babies and staff with a focus on addressing disparities and ensuring inclusive, person-centred maternity care for all [NHS pledges to improve equity for mothers and babies and race equality for staff](#).

Evidence from **MBRRACE** and **ONS data** highlights persistent inequities, particularly affecting women and birthing people from minority ethnic backgrounds and deprived communities. Addressing these inequalities requires both service-user support and workforce development, ensuring staff from diverse backgrounds are recruited, supported, and able to progress through career and talent development opportunities in maternity and neonatal care.

5 HEALTH AND SOCIAL INEQUALITIES IN MATERNITY CARE

The [Three-Year Delivery Plan for Maternity and Neonatal Services \(NHSE, March 2023\)](#) - [Search](#) sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. It highlights the importance of strengthening oversight, ensuring early identification of concerns, and fostering a culture of safety and learning that benefits everyone.

For HNY LMNS and the ICB, tackling health inequalities remains a central priority. Achieving equity means going beyond clinical care to address the wider social determinants of health, recognising that factors such as housing, income, education, and environment directly impact outcomes. This requires a whole-system, life-course approach that brings together health, social care, and community partners.

MBRRACE-UK Report Summary (September 2024) highlights:

- Rising maternal deaths: 625 deaths (2020–2022), with a 9% increase even excluding COVID.

- Leading causes: Blood clots, COVID-19, heart disease; mental health issues (suicide, substance misuse) as the top postpartum cause.
- Stark inequalities: Black women 3x more likely to die than white women; women in deprived areas face double the risk; many affected by overlapping disadvantages.
- Key recommendations: Improve blood clot risk assessments, expand mental health care, and strengthen domestic abuse screening.

The [MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK | MBRRACE-UK | NPEU](#) reinforces the urgent need for **equitable, compassionate, and proactive maternal care**, aligned with the **HNY LMNS Equity and Equality Action Plan**.

6 THE EQUITY AND EQUALITY ACTION PLAN PRIORITIES

Actions planned until 2027 to improve the outcome for women and their families at all four maternity units across HNY are outlined in this report in accordance with the 5 inequalities priority areas below ([2021/22 Planning Guidance](#)) and the [Four pledges to women, babies and staff: NHS pledges to improve equity for mothers and babies and race equality for staff](#):

1. **Restore NHS services inclusively** – ensuring equitable access and recovery across all communities.
2. **Mitigate digital exclusion** – addressing barriers to digital access and ensuring no group is left behind.
3. **Ensure datasets are complete and timely** – improving data quality to support informed decision-making and reduce inequalities.
4. **Accelerate preventative programmes** – proactively engaging those at greatest risk of poor health outcomes.
5. **Strengthen leadership and accountability** – embedding responsibility at every level to drive sustainable improvement.

Humber and North Yorkshire LMNS Equity and Equality Action Plan 2025-2027

Co-produced with stakeholders

Aims of the plan 1/ Equity for mothers, birthing people and babies from all communities, ensuring safe and personalised care. 2/ Reduce inequalities in outcomes and improve experiences across maternity and neonatal systems.	Our vision Our vision is to be the safest place to be pregnant, give birth and transition into parenthood.
Who we are 1/ Equity for mothers, birthing people and babies from all communities, ensuring safe and personalised care. 2/ Reduce inequalities in outcomes and improve experiences across maternity and neonatal systems.	Our values Equity Compassion Inclusion Collaboration
The challenges 1/ Women and birthing people from Black and minority ethnic groups face higher risks of poor maternal outcomes. 2/ Women and families from deprived areas experience poorer health outcomes and higher perinatal mortality rates. 3/ Rural and coastal communities face barriers to access and continuity of care. 4/ Digital exclusion and language barriers reduce access to information and support.	The plan 1/ Embed Personalised Care and Support Plans (PCSPs) across all providers. 2/ Ensure Continuity of Care models prioritise women and families at greatest risk of health inequalities. 3/ Embed cultural safety and trauma informed care training for all staff. 4/ Improve engagement with seldom-heard voices, co-producing solutions with women, birthing people and families. 5/ Strengthen data collection and use to identify and address inequities.



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Health and Care Partnership

www.humberandnorthyorkshirematernity.org.uk



6.1 PRIORITY 1: RESTORE NHS SERVICES INCLUSIVELY

Complete Equity Impact Assessments for all LMNS plans

Completing Equity Impact Assessments (EIAs) ensures that maternity service improvements are designed and delivered in a way that meets the needs of all women, birthing people, and families, particularly those from seldom heard and vulnerable communities. EIAs specifically help to:

- **Identify and address barriers** – EIAs highlight obstacles such as inconvenient appointment times, inaccessible clinic locations, or lack of continuity of carer.
- **Promote inclusivity** – ensure services are designed for seldom-heard and vulnerable groups, not just the majority population.
- **Support co-design** – involve women, birthing people, and families in shaping improvements that reflect real needs and utilising the MNVPs to help gather and collate data.
- **Embed cultural safety** – ensure staff deliver respectful, personalised care through training and awareness.
- **Reduce inequalities** – target resources and service changes where they will have the greatest impact on equity.
- **Ensure accountability** – provide evidence that service restoration is fair and equitable across all communities.

Personalised Care

Personalised Care and Support Plans (PCSPs) were central to the Better Births vision [NHS England » Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care](#) to place women, birthing people, and families at the centre of safe, informed, and tailored maternity care. PCSPs enable meaningful conversations and shared decision-making, ensuring individual choices are recorded and respected throughout pregnancy, birth, and early parenthood. Local Maternity Systems, supported by the NHS Long Term Plan, work to make personalised care routine across maternity and wider health services.

More information on the Personalised Care and Support planning process in general can be found on the LMNS website [Local Maternity System - Choice and personalised care](#). The LMNS has coproduced a Personalised Care and Support Plan for maternity services that can be accessed [here](#).

The changing demographics across HNY necessitate a change in maternity and neonatal provision when it's more important than ever that women and birthing people receive support and care tailored to their individual needs and choices. The care and information given should focus on the woman, birthing person, their baby, and their family's needs, helping them make the decisions and choices that are best for them.

To make sure this happens, the LMNS and the NHS Trusts across HNY will continue working together on the actions below to make sure that care is personalised.

6.1.1 Personalised Care

Specific	Measurable	Achievable	Relevant	Time-bound
Collaborate with providers to review and audit PCSPs, ensuring they are actively used, culturally relevant, and accessible in multiple formats and languages.	An audit will show which Trusts are using PCPs, their relevance to local populations and availability in alternative formats or languages.	LMNS, Trusts, and MNVPs working together to complete audits and adapt resources.	Ensures personalised care reflects diverse needs, especially for women in deprived areas and from Black, Asian, and Mixed Ethnic backgrounds.	Audit to be completed by January 2026 .
Review all existing PCSP resources currently used across Trusts and available via the LMNS website and co-produce new materials in different formats and languages with service user involvement.	80% of existing resources reviewed and new materials developed and tested with service users.	LMNS, Trusts, MNVPs, and VCSE partners engaged in co-production and review.	Improves accessibility and relevance of PCSPs through multimedia resources, ensuring languages are appropriate to each Trust/locality and promoting PCSPs to women.	Review to be completed by January 2026 New resources and materials created and translated by February 2026 .
Assess maternity staff understanding and confidence to deliver personalised care via a survey and gain assurance from Trusts not using LMNS PCSPs that equivalent elements are embedded.	Survey to be sent out by January 2025 and staff training on PCSPs to be arranged by February 2026 if necessary; 100% of Trusts to provide assurance of an option of PCSPs or equivalent tool.	Training programmes and assurance mechanisms already in development across LMNS and Trusts but may need to be updated.	Builds staff capability, consistency, and equity in personalised care delivery.	Assurance completed by January 2026 ; scoping of staff training and review by February 2026 .
Embed the RCM Maternity Disadvantage Assessment Tool within personalised care delivery.	Evidence of awareness of the tool across all Trusts in LMNS and support for Trusts choosing to embed.	Work already underway to introduce the tool in one Trust.	Supports identification of disadvantage and improves targeted support.	Scoping to be completed by December 2025 , plan in place by January 2026 and a webinar/learning session by March 2026 .

6.2 PRIORITY 2: MITIGATE AGAINST DIGITAL EXCLUSION

HNY LMNS recognises that while digital tools are valuable in maternity care, they can also risk widening health inequalities if families are excluded due to poverty, language, literacy, disability, or geography. To address this, HNY LMNS will provide non-digital options for information, booking, and education; strive to increase the availability of translation services and accessible formats such as easy read, audio, and video; and collaborate with VCSE partners to support families experiencing digital poverty. Regular audits of digital service uptake by ethnicity, deprivation, and geography will ensure inclusivity and highlight areas for improvement. These actions will help ensure that digital transformation supports equity, enabling all families to access safe and personalised maternity care.

6.2.1 SMART Action Plan

Specific	Measurable	Achievable	Relevant	Time-bound
Provide information regarding support available for families facing digital poverty (e.g., promote free Wi-Fi available in Family Hubs, loan devices, data packages).	Monitor and update the information sent to families across HNY quarterly with digital access solutions.	Build on existing partnerships with VCSEs, Local Authorities, and NHS Charities to fund and distribute support.	Reduces inequalities by enabling families in digital poverty to access maternity services and information.	First wave of support rolled out by: February 2026 , with quarterly updated information.
Provide non-digital options for pregnancy, ante-natal and post-natal education information (e.g., printed and Easy Read resources). Create personalised pregnancy cards for non-English speaking women to ensure they understand how to access maternity care and an interpreter.	At least 80% of maternity information and resources made available in non-digital formats across all Trusts.	Most HNY Trusts have patient information teams, and digital midwives (not all full time) and the bi-monthly Digital Co-ordination Working Group is available to discuss and adapt materials.	Ensures equitable access for families who are digitally excluded.	Non-digital options available in all Trusts by February 2026 . Create pregnancy cards by January 2026 .
Increase availability of translation services and accessible communication formats (video, audio, translated, easy read).	At least 80% of core maternity resources are available in 3 alternative formats (translated, easy read, audio/video).	Work with existing translation/communication providers and adapt key resources.	Improves accessibility for families with language or literacy barriers. Need to focus on resources for visual/hearing impairments.	First set of resources published in December 2025 , ongoing throughout 2025/early 2026 with annual review.
Collaborate with VCSEs to improve access to digital tools (e.g., charities loaning devices, digital literacy training).	At least 3 formal partnerships established with VCSE organisations supporting digital inclusion.	Utilise existing VCSE networks within HNY.	Supports families experiencing digital poverty and promotes equity of access.	Solid partnerships in place by December 2025 .

Regularly audit uptake of digital maternity services by ethnicity, deprivation, and geography to ensure inclusivity.	Quarterly audits completed with findings reported to the LMNS Board, showing trends in access and uptake.	Data analysts and LMNS governance structures already in place.	Provides evidence to identify and address digital inequalities.	First audit completed by: January 2026 , ongoing quarterly review.
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6.3 PRIORITY 3: ENSURE DATASETS ARE COMPLETE AND TIMELY

Digital Services and Data Quality

HNY LMNS is committed to ensuring that **digital strategies across our Trusts** capture key information on the wider determinants of health, including **anonymised ethnicity and postcode data**, to ensure services are accessible and equitable for all communities. Our **Health Inequalities Dashboard** will be used to identify disparities, enhance understanding of population demographics, and guide targeted improvements in care.

This approach will support clinicians and the wider system in understanding **how health outcomes vary by geography** and prioritising women in groups where service improvements are most needed. By strengthening data quality and digital interoperability, **Humber and North Yorkshire LMNS** will be better equipped to reduce health inequalities, improve service planning, and deliver equitable maternity and neonatal care across the region.

We are committed to embedding equity into our Trusts' Digital Strategies by capturing data on the wider determinants of health—such as anonymised ethnicity and postcode information—to ensure services are accessible and inclusive. Our bespoke **Health Inequalities Dashboard** will support the identification of disparities and deepen our understanding of population demographics. This will empower clinicians and system leaders to target improvements where they are needed most.

How we will achieve this:

- Standardise data capture across Trusts, ensuring complete recording of ethnicity, language, deprivation and outcomes.
- Ensure Badger Notes and the LMNS dashboard captures accurate information and monitors disparities in outcomes such as ethnicity, communication needs, neurodiversity, preterm birth, stillbirth, maternal morbidity.
- Train staff on the importance of accurate data collection and reporting via the HNY LMNS Digital Co-ordination meeting.
- Share data transparently with LMNS partners, providers, and communities to build trust and accountability.

6.3.1 SMART Action Plan

Specific	Measurable	Achievable	Relevant	Time-bound
Improve completeness of maternity records by ensuring consistent collection of postcode and ethnicity information.	95% of records contain a valid postcode; 80% contain a valid ethnicity	Digital Midwives and IT suppliers will support standardised data entry across Trusts.	Accurate data enables equity monitoring and targeted improvements for women in deprived areas and from Black, Asian, and Mixed Ethnic backgrounds	Ongoing with quarterly reviews at the HNY LMNS Digital Co-ordination Group.
Carry out continuous auditing of key maternity data, including ethnicity, risk factors (e.g., co-morbidities, BMI, age), and postcode.	Quarterly audits completed with reports showing progressive improvements in data completeness across all Trusts.	Existing LMNS governance and data analysis processes will be utilised.	Ensures reliability of data for equity monitoring and outcome tracking.	Ongoing with quarterly audits and review at the bi-monthly Digital Co-ordination meeting
Work with ICB partners and regional digital providers to ensure IT systems are interoperable and able to share maternity data effectively.	Evidence of interoperable systems in place and progress report shared with LMNS Board.	Collaboration with ICB Digital Programme leads and IT suppliers already underway.	Improves consistency, efficiency, and equity monitoring across the region.	Ongoing with quarterly audits and review at the bi-monthly Digital Co-ordination meeting.

6.4 PRIORITY 4: ACCELERATE PREVENTATIVE PROGRAMMES THAT ENGAGE THOSE AT GREATEST RISK OF POOR HEALTH OUTCOMES

HNY LMNS recognises that accelerating preventative programmes is essential to reduce health inequalities and improve outcomes for women, birthing people, and babies most at risk. Targeted smoking cessation, weight management, hypertension, and diabetes support, alongside expanded Continuity of Carer for Black, Asian and minority ethnic women and those in deprived areas, will address key risks. Working with VCSE partners to provide outreach, peer support, and advocacy will make services more accessible, while population health data will ensure resources are directed where they are needed most and progress is tracked. These actions will help prevent complications, improve safety, and deliver more equitable maternity care.

How we will achieve this:

- Scale up targeted smoking cessation, weight management, hypertension, and diabetes programmes, focusing on the most deprived communities.
- Aim to expand Continuity of Carer support for Black, Asian and minority ethnic women, and women living in deprived areas.
- Collaborate with VCSEs to provide outreach, peer support, and advocacy.
- Use population health data to identify groups at highest risk and track improvements in outcomes.
- Accelerate preventative programmes – proactively engaging those at greatest risk of poor health outcomes.

6.4.1 Diabetes Prevention Programme

We will expand the referral pathway for the NHS Diabetes Prevention Programme to include women who have had gestational diabetes mellitus (GDM) and are not currently pregnant or currently have diabetes.

Specific	Measurable	Achievable	Relevant	Time-Bound
Track and review referrals to the NHS Diabetes Prevention Programme (DPP) to ensure inclusion of women with previous GDM who are not currently pregnant and do not have a current diabetes diagnosis.	Quarterly monitoring reports disaggregated by ethnicity, showing proportion of eligible women referred.	Work with LMNS, Trusts, GPs, and Primary Care leads to ensure accurate referral pathways and coding.	Addresses higher risk of Type 2 Diabetes in women with history of GDM, particularly in Black, Asian, minority ethnic groups.	Quarterly audits starting 2025; annual summary report published by March 2026 .
Guarantee Continuous Glucose Monitoring devices remain available for all eligible pregnant women with Type 1 Diabetes. Collect and analyse ethnicity data to monitor equity of access.	Quarterly audits of CGM provision with ethnicity recorded for 100% of women.	LMNS and Trusts collaborate with maternity diabetes teams to maintain supply and training.	Improves maternal and neonatal outcomes, reduces inequalities for Black African, Black Caribbean, and South Asian women disproportionately affected by diabetes.	Quarterly audits ongoing, with first full-year equity review by December 2025 .

6.4.2 Health Protection and Vaccinations

Pregnant people and their babies are at increased risk of complications from COVID-19, Influenza, RSV, and Pertussis. Current immunisation rates have improved since 2024.

HNY will ensure that all women receiving maternity care—regardless of background, demographic characteristics, or clinical complexities—have equitable access to health protection initiatives and vaccination services.

Specific	Measurable	Achievable	Relevant	Time-Bound
Work with maternity services and public health teams to provide culturally tailored vaccination information and clinics for	Achieve a $\geq 15\%$ increase in vaccination uptake among Black African, Black Caribbean, South Asian, and other underserved	Partner with local public health teams and community organisations to deliver outreach and	Reduces maternal and neonatal complications from vaccine-preventable diseases and addresses health inequalities.	Updated resources to be available by February 2026 .

Specific	Measurable	Achievable	Relevant	Time-Bound
COVID-19, Influenza, RSV, and Pertussis especially to groups with poor uptake such as marginalised and minoritised pregnant women.	groups compared to baseline.	drop-in vaccination sessions.		
Develop and distribute multilingual, culturally appropriate educational materials on maternal immunisation, in collaboration with public health and community organisations.	Share information to at least 80% of pregnant women attending community or maternity services in targeted populations.	Use existing networks (faith groups, community centres, GP practices) to reach women with limited English proficiency or access barriers.	Ensures informed decision-making and increases awareness of health protection among marginalised groups.	Achieved September 2025.
Audit vaccination uptake and barriers to access by ethnicity, language, socioeconomic status, and other demographic factors, using maternity and public health data.	Complete quarterly reports highlighting disparities and progress, with recommendations for service improvement.	Collaborate with public health analysts and maternity teams to routinely collect and review data.	Identifies gaps and informs interventions to improve equitable access to vaccines.	Initial audit January 2026 then ongoing quarterly updates.
Establish regular joint planning meetings between maternity services and public health to co-design vaccination pathways for marginalised groups.	Hold at least 6 planning meetings per year with clear action points implemented.	Leverage existing LMNS governance structures and public health expertise.	Enhances coordinated service delivery, reducing missed opportunities for vaccination.	By April 2026.
The LMNS, MNVP and Trusts to conduct post-intervention surveys and	Collect responses from ≥200 women across target populations.	Partner with community advocates and public	Provides evidence on effectiveness of interventions and informs	By April 2026.

Specific	Measurable	Achievable	Relevant	Time-Bound
feedback sessions with women from minoritised communities to assess satisfaction, awareness, and confidence in vaccinations.		health teams to facilitate engagement.	future health protection initiatives.	

6.4.3 Maternal Mental Health Services

Maternal mental health services - referred to as maternity outreach clinics in the NHS Long Term Plan - bring together maternity, psychology and reproductive health services for women who develop moderate to severe mental ill health from loss or trauma due to their maternity experience.

These services provide care and support to women whose needs would not be met by other services. When implementing maternal mental health services, we will consider barriers to access based on ethnicity and the level of deprivation of the mother's postcode, in partnership with the local perinatal mental health (PMH) teams across HNY and Harrogate.

HNY LMNS will ensure that all staff involved in providing care and support to women in the perinatal period take into consideration the fact that those who are from an ethnic minority, have a severe mental illness or are socially deprived, are at higher risk of poor physical health and poor outcomes, compared with the general patient population. The perinatal period adds further complexity; the mental health needs of the patient therefore need to be given additional importance, and referrals made to local perinatal mental health services appropriately. Further details can be found on the HNY LMNS website [Local Maternity System - Home Every Mum Matters - Home](#)

Specific	Measurable	Achievable	Relevant	Time-Bound
Monitor utilisation of maternal mental health services by ethnicity and deprivation using PATHS and other MH programme data.	Complete quarterly reports identifying disparities for Black, Asian, Mixed ethnic groups and women living in deprived areas.	Collaborate with LMNS Trusts, and HNY ICB to access and analyse service data.	Ensure that services are accessible and responsive to the needs of marginalised groups.	Quarterly monitoring
Review current staff training on perinatal mental health to identify gaps in cultural	Conduct training needs assessment and implement revised training modules.	Work with LMNS, Trusts and HNY ICB to deliver targeted training.	Improve staff capacity to provide culturally sensitive and equitable care.	Review by end of December 2025 .

Specific	Measurable	Achievable	Relevant	Time-Bound
competence and responsiveness to deprivation related challenges.				
Review existing parent education materials and support services to ensure they are co-produced with local communities and are culturally and linguistically appropriate.	Achieve co-production with representatives from Black, Asian, Mixed ethnic groups, and deprived areas; implement changes to materials/services.	Collaborate with MNVPs, community advocates, and LMNS teams to review and adapt content.	Ensures that parents receive information and support tailored to local needs.	Review by end of December 2025 .
Track engagement with revised training and co-produced resources and assess service outcomes for target populations.	Collect quantitative and qualitative feedback from at least 200 service users from target groups.	Use routine data collection and targeted feedback sessions with LMNS support.	Evaluate effectiveness of interventions and inform continuous improvement.	First evaluation by March 2026 ; ongoing thereafter.

6.4.4 Smoke-free pregnancy support

HNY LMNS will ensure that, by 2026, all pregnant women and their partners have access to support to maintain a smoke-free pregnancy, in line with the NHS Long Term Plan. This will strengthen smoking cessation services and pathways, helping to reduce the risk of stillbirth, preterm birth, and infant death.

The Saving Babies Lives Care Bundle (v3.2) emphasises: “Reducing smoking in pregnancy by identifying smokers with the **assistance** of carbon monoxide (CO) testing and ensuring in-house treatment from a trained tobacco dependence adviser is offered to all pregnant women who smoke, using an opt-out referral process.”

All HNY Trusts have made good progress embedding the Saving Babies Lives elements into routine care. Smoking rates at the time of delivery are decreasing; however, further work is still required.

Specific	Measurable	Achievable	Relevant	Time-Bound
Use carbon monoxide (CO) testing data and referral records to track smoking prevalence among pregnant women, with focus on those living in the most deprived areas.	Quarterly reports showing smoking rates, aiming for a reduction trend towards <5% by 2030.	Collaborate with LMNS, HNY ICB Population Health Team, and Trusts to ensure accurate data collection and monitoring.	Supports national ambition and reduces adverse maternal and neonatal outcomes linked to smoking.	Ongoing quarterly review.
Ensure smoking cessation information is accessible in different languages and formats for marginalised and minoritised women and families in collaboration with MNVPs and community stakeholders.	Monitor access to information.	Use existing networks, VCSE, MNVP to promote resources	Increases cessation rates among a high-risk, underserved population.	Resources updated by January 2026 .
Offer in-house treatment from trained tobacco dependence advisers to all pregnant women who smoke using an opt-out referral process.	Track referrals and treatment uptake, aiming for ≥90% of identified smokers to receive support.	Coordinate with maternity staff and tobacco dependence advisers to embed opt-out referral in routine care.	Ensures consistent, equitable access to evidence-based support for smoking cessation.	Implemented and monitored quarterly.

6.4.5 Improving breastfeeding rates

We will work with all providers and service user representatives, including MNVPs, across Local Authority, 0 - 19 Services for Health Visiting and Maternity and Neonatal Services to understand and provide the support needed to help mothers breastfeed.

Specific	Measurable	Achievable	Relevant	Time-Bound
All providers, including maternity and neonatal, achieve the Baby Friendly Initiative (BFI) accreditation through structured support, training, and audit.	All providers accredited by BFI standards.	LMNS and Trusts coordinate training, mentorship, and progress monitoring to ensure that Trusts are working towards BFI sustainability.	Supports evidence-based practice and improves breastfeeding outcomes, particularly for women in deprived areas.	By March 2027 .
Collect input from parents on breastfeeding support via surveys, MNVP engagement, feeding support groups, NHSTrust events, and NICU parent feedback.	Timely and worthwhile qualitative feedback collected from service user groups each quarter, identifying gaps and areas for improvement.	Collaborate with MNVPs, Trusts, and community advocates to reach women in deprived areas.	Ensures services are responsive to the needs and experiences of marginalised communities.	Ongoing – quarterly monitoring.
Track initiation rates and breastfeeding at 6–8 weeks postnatally, with attention to disparities by socioeconomic status and locality.	Quarterly reports highlighting trends, disparities, and improvement actions.	LMNS, public health leads, and 0–19 services coordinate data collection and reporting.	Enables targeted interventions and measures the impact of service improvements on equity.	Ongoing – quarterly monitoring.
Expand access to peer support and specialist tongue tie services across all Trusts.	Peer support available in all Trusts and at least one specialist tongue tie service commissioned in each locality.	Build on existing peer support groups and collaborate with infant feeding leads, ICBs, and specialist providers.	Improves breastfeeding outcomes, reduces early feeding challenges, and ensures equitable access to support.	By March 2027 .

6.4.6 Care for Pregnant Women with Complex Social Factors

Maternity care extends beyond midwife and hospital appointments. HNY LMNS will aim to work closely with Local Authorities and community services to ensure pregnant women have access to the support they need.

We will prioritise improved access to care and support for women with complex social factors, in line with NICE guideline CG110: [Overview | Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors | Guidance | NICE](#). This includes:

- Women who misuse substances (alcohol and/or drugs)
- Recent migrants, asylum seekers, or refugees
- Women with limited English proficiency
- Young women under 20
- Women experiencing domestic abuse

The Royal College of Midwives has developed the **Maternity Disadvantage Assessment Tool (MATDAT)**, a standardised tool to assess social complexity and wellbeing during the perinatal period. MATDAT helps midwives:

- Determine the woman's care level
- Develop a personalised care and support plan (PCSP)
- Communicate effectively with the multidisciplinary team

The **MATDAT Planning Guide** also supports maternity services in planning and allocating resources according to care pathways.

We recognise that implementing MATDAT may require significant operational changes, including addressing staffing, caseload management, and risk assessment at booking. The LMNS will support Trusts in adopting MATDAT or, where appropriate, assist in designing an equivalent approach tailored to local population needs.

Specific	Measurable	Achievable	Relevant	Time-Bound
Utilise the RCM Maternity disadvantage assessment tool (or a local equivalent which has been assured via the LMNS) to support local guidance development	Via an audit the number and percentage of Trusts with the tool can be assessed	Supported by existing RCM tool and LMNS assurance process; implementation can be phased across Trusts.	Relevant to improving equity of care and identifying women with complex social needs; aligns with LMNS and national maternity priorities.	Scoping by December 2025 , learning sessions March 2026 , implementation April 2026 .

Specific	Measurable	Achievable	Relevant	Time-Bound
Assess the feasibility of ensuring all maternity systems can identify and report on women who have complex social factors.	Publication of system-wide report with recommendations.	Achievable via LMNS digital leads and Trust informatics teams.	Relevant to enabling targeted interventions and monitoring outcomes; realistic given current IT capabilities.	Assessment by March 2026 .
Ensure that women with complex social factors are given the opportunity to share feedback on their experiences of maternity care.	Work with the MNVP to audit via patient satisfaction survey.	Supported by MNVP-led surveys and integration into existing feedback systems.	Relevant to patient experience and service improvement; realistic as it builds on current feedback mechanisms.	By end December 2025 .
Use women and birthing peoples responses to antenatal services satisfaction questions are used to guide service development	Evidence of quarterly review meetings and documented changes in service plans.	Can be embedded into existing LMNS governance cycle.	Relevant to responsive service design; realistic with existing governance structures.	Quarterly reviews from December 2025 onwards .
Ensure women with complex social factors receive care that is personalised and considers their individual social circumstances, including multi-agency working where applicable.	Percentage of care plans audited with evidence of multi-agency input.	Multi-agency pathways already exist, requiring alignment rather than new structures.	Relevant to personalised care and safeguarding; realistic with existing multi-agency frameworks.	Annual audit from 2026 .

Specific	Measurable	Achievable	Relevant	Time-Bound
All staff are fully trained on complex social factors such as substance misuse, domestic violence social and psychological needs and how to communicate sensitively and use a trauma informed approach	Training records and compliance dashboard.	Training can be integrated into mandatory updates and e-learning packages.	Relevant to building workforce capability and improving patient outcomes; realistic given existing training platforms.	Compliance monitored quarterly from 2026 onwards.
Building on our work to date co-produce resources with service users to provide pregnancy and antenatal service information in a variety of formats and languages, including BSL	Number of languages/formats produced; evidence of distribution through GPs, pharmacies, Family Hubs, and faith groups	Co-production supported by MNVPs, translation services, and comms.	Relevant to patient experience and service improvement; realistic as it builds on current feedback mechanisms	By February 2026.

6.5 PRIORITY 5: STRENGTHEN LEADERSHIP AND ACCOUNTABILITY

How we will achieve this:

- Use the findings and recommendations from the EDI report from the FLP Fellow (July 2025) to progress the Equity and Equality Plan: <https://www.humberandnorthyorkshirematernity.org.uk/seecmsfile/?id=345>
- Ensure the LMNS Equity Lead collaborates with appropriate maternity and neonatal partners such as the local maternity Trusts, Lead Midwives for Education (LMEs) at the universities, the MNVPs and VCSEs.
- Embed accountability via the HNY LMNS Board meeting, governance structures, regular reporting and communication.
- Ensure leadership development programmes are accessible to under-represented staff, with mentoring and sponsorship schemes (examples include the Midwifery NEY Reciprocal Mentoring Programme and Coaching via HNY ICB).
- Update the Equity and Equality Plan on an annual basis to demonstrate transparency and progress.
- To embed accountability in structures ensure progress on the Equity and Equality Plan is reviewed at every LMNS Board meeting with quarterly reports published.
- Ensure leadership development programmes are accessible to under-represented staff (mentoring, sponsorship, coaching) with a 20% increase in uptake.
- Update the Equity and Equality Plan annually to demonstrate transparency and progress.

7 CO-PRODUCTION

The Equity and Equality Action Plan, was updated in August 2025, after co-production with **providers, commissioners, communities, and the Maternity and Neonatal Voices Partnership (MNVP)** to:

- Ensure equity for women and babies by reducing inequities in access, experience, and outcomes.
- Promote race equality for staff and embed fair, inclusive practices across maternity and neonatal services.
- Develop digital strategies for the LMNS and individual Trusts.
- Review MNVP inputs and outputs.
- Promote equitable access to maternity care, preventative support, and pre-conception advice.
- Strengthen programmes that improve maternity and neonatal services across the region.

7.1 EXAMPLES OF CO-PRODUCTION

- MNVP vision refreshed through surveys of women, birthing people, and staff, aligning with LMNS priorities for safe, high-quality, personalised care.
- Recruitment of an **LMNS Equity Lead** supporting minority and marginalised communities, including ethnic populations, faith groups, people with disabilities, LGBTQ+ individuals, and specific cultural groups such as gypsies, travellers, and refugees.

- Targeted support for families with babies in neonatal units, led by the Y&H Neonatal ODN Parent and Family Engagement Lead in partnership with LMNS.
- Regional sharing of scoping documents and plans to disseminate learning, identify gaps, and adopt best practices.
- The initiatives detailed below demonstrate HNY LMNS's ongoing commitment to co-production, collaboration, equity, and inclusive, high-quality maternity and neonatal care.

7.1.1 'Neurodiversity in Maternity Care' Working Group-February 2025

- Both the MNVP, service users and midwives from York, Scarborough and Harrogate have been actively involved in the HNY LMNS Neurodivergence in Maternity Care Working Group.
- Harrogate midwives have produced a Neurodiversity Toolkit to support neurodivergent women, birthing people and families both during and after pregnancy. In addition, Becky Warboys (York and Scarborough Midwife) has been involved as a member of the Maternity Autism Research Group (MARG) in launching their Best Practice Guidelines in Sept 2025 to improve maternity care for Autistic women and birthing people. The guidelines have been co-produced by Autistic midwives, researchers, and healthcare professionals, and represent a significant step forward in inclusive, evidence-based maternity care. The best practice guidance is available on the MARG website [Guidelines | MARG](#).



'Neurodiversity in Maternity Care' Working Group

Formed by HNY LMNS in February 2025 in response to staff wanting to improve care for neurodivergent parents during and after pregnancy.

Meeting monthly, the group includes service users, MNVPs, specialist midwives, LD teams and VCSEs. Together, we explore current challenges and work towards planning and co-developing service improvements.

Current Focus:

- ✓ Staff Training & Development to reduce trauma
- ✓ Provide tools to develop effective care pathways
- ✓ Introduce the Maternity Neurodiversity informed care
- ✓ Train leaders to support neurodiversity-informed care

Future training will expand to include the wider maternity and neonatal workforce. Service user voices remain central throughout.

7.1.2 Ramadan Awareness Event 27th Feb 2025

With collaboration from HNY LMNS, HNY MNVP, West Street Family Hub and healthcare colleagues.

RAMADAN AWARENESS EVENT

27th February 2025

An informal drop in for pregnant women, birthing people and new parents from a range of backgrounds to learn more about Ramadan. There was a presentation on fasting during pregnancy and breastfeeding and discussions around healthy eating, exercise during pregnancy and weaning foods.

We also had discussions with the women and birth partners about their experiences during pregnancy and any difficulties accessing maternity care, especially as an asylum seeker and having English as a second language.

WEST STREET FAMILY HUB, SCUNTHORPE




7.1.3 Delivering an LMNS Mat/Neo EDI Study Day

Equality, Diversity & Inclusion Study Day

– March 2025

Hosted by HNY LMNS

A day of learning, reflection, networking, and commitment to change.

Topics Included:

Unconscious bias and Conscious Inclusion. LGBTQ+ Inclusion Language. Interpretation Services. Microaggressions. Civility Saves Lives. International Recruits – Lived Experiences. EDI in the Workplace. Cultural Curiosity – Gypsy and Traveller Communities. Case Studies on Health Disparities.



7.1.4 Translation/Interpretation in Maternity Care Working Group

In collaboration with national, regional and local partners.

Improving Translation & Interpretation in Maternity Services



HNY LMNS Progress

- Established the Translation & Interpretation in Maternity Care Working Group

Collaborators:

- Maternity Consortium
- Sands & Tommy's Policy Unit
- VCSE Alliance
- NENC LMNS
- West Yorkshire LMNS
- HNY MNVPs
- Frontline midwifery colleagues (maternity & neonatal teams)



Aim: To improve maternity and neonatal services for women and families navigating pregnancy with language or communication needs, ensuring:

- ✓ Accessible information
- ✓ Equitable care
- ✓ Inclusive support throughout the pregnancy journey

7.1.5 Refugee Action York (RAY)

Strengthened working relationship between RAY and York and Scarborough MNVP/the LMNS Ask a Midwife Service.

- Refugee Action York (RAY) was founded in 2002 to challenge myths and misconceptions about refugees and asylum seekers and to raise awareness of the contribution refugees and asylum seekers make to our society.
- York and Scarborough MNVP and the HNY LMNS Ask A Midwife service have developed strong links, built trust with staff and families and use this collaboration to share information about NHS care and strive to ensure equitable access to maternity care for all refugees, asylum seekers and migrants.



8 PROGRESS AND SUCCESS ACROSS HNY LMNS

HNY LMNS has made significant progress to **tackle inequalities** across the healthcare system with a focus on equality, diversity and inclusion (EDI) projects.

8.1 LMNS/FLP EDI PROJECT:

HNY LMNS hosted a Paediatric Registrar (Mais Ismail) on the Yorkshire and Humber Future Leaders Programme (FLP) from August 2024-25 with an EDI project focused on: '*Addressing Social Determinants of Health and Informing Cultural Competence and Informed Decision-Making in Maternity and Neonatal Services in Humber and North Yorkshire*'. The highlights and recommendations from the report are documented below:

LMNS FLP EDI Report July 2025 	
<i>Addressing Social Determinants of Health and Informing Cultural Competence and Informed Decision-Making in Maternity and Neonatal Services in Humber and North Yorkshire</i>	
Highlights	Recommendations
• Good practice across HNY LMNS but also the gaps and drivers to health inequalities • Qualitative and quantitative input from stakeholders informing standard of practice • Recognising those with lived experience are the experts • Highlights pilot projects across HNY with current and future practice for marginalised communities • Importance of co-production and partnership/connection-building particularly with VCSEs and the public sector.	• All Mat/Neo organisations to take ownership in ensuring equitable access for all • Ensure access to cultural competence and unconscious bias training for staff • Regular auditing and robust governance to ensure above is achieved and maintained • Robust systems for service users to give feedback in an understandable form • MNVP team to establish stronger partnerships with VCSEs and their team to represent and reflect the local population in membership and feedback • Prioritise CoC and ensure PCP for marginalised/minoritised women (see dashboard data) • Create a Community of Practice to ensure governance for the E&E action plan. • Local or LMNS-wide guidelines to address the quality and utilisation of interpretation services and those with complex social factors

8.2 OUTREACH WORK WITH MINORITISED AND MARGINALISED COMMUNITIES:

THE PEEL PROJECT

3RD ANNUAL COMMUNITY HEALTH FAIR

21st August 2025 • Peel Park
funding support from Hull City Council Public Health

The event was developed as part of a joint commitment to:

-  Addressing health inequalities in Hull, particularly within Muslim, BAME and other underserved communities
-  Contributing to the priorities set out in the Hull Joint Strategic Needs Assessment (JSNA) and the city's Health and Wellbeing Strategy
-  Supporting the Community Plan, which highlights the need for greater inclusion, integration and improved access to health services for disadvantaged communities

EVIDENCE SHOWS THAT

Families in Central and West Hull face structural and cultural barriers to health access, including language, stigma, low awareness and lack of trust.

The Health Fair was designed as a culturally appropriate,

-  Increase engagement with health and wellbeing services
-  Provide practical support around lifestyle, early intervention and prevention
-  Enable statutory partners to meet residents directly, gain insights and build relationships



HNY LMNS supported the Peel Street Health fair offering support and information on pregnancy, perinatal health and wellbeing, building trust and strengthening relationships with diverse and marginalised communities.



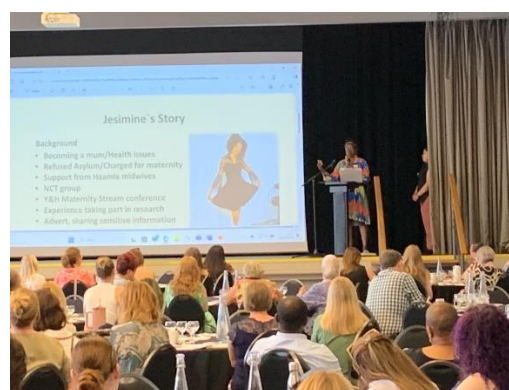
8.3 EDI CONFERENCE 'INCLUSION AND BELONGING IN MATERNITY AND NEONATAL CARE'

Inclusion and Belonging Conference June 30th 2025



- Over 110 attendees
- 1st EDI Mat/Neo Conference
- National, regional midwifery and multi-professional representation (incl. students!)
- Powerful stories of lived experience
- Increased staff awareness, insight and understanding of marginalised/minoritised communities
- Need for more accountability, responsibility and commitment from HNY service providers

Conference Video Link – done by the ICB comms team:
<https://www.youtube.com/watch?v=53YlgSTHSQE&feature=youtu.be>



8.4 ASK A MIDWIFE



Hull and East Riding
 @heyhswc askamidwifehuth

York and Scarborough
 @yorkandscarboroughbumps2babies

North and North East
 Lincolnshire
 @nlagmaternity

Harrogate
 @Harrogatematernity
 email hny.lms@nhs.net

HNY LMNS Ask a Midwife Service (AAM)



- AAM is delivered over social media platforms, coordinated by the LMNS to ensure consistency of delivery and give public health messages across the system. Staff working cross site is cost effective and provides wide service provision for less staff hours, especially important with current staffing challenges.
- It is staffed by midwives in a dual role, working part time for AAM alongside their clinical work. We have staff from 4 Trusts working together.
- The service also allows the LMNS to deliver evidence based key public health messages and service changes in a timely and responsive way, for example COVID-19 updates, visiting, vaccinations, perinatal mental health, post natal enquiries, infant feeding, GP checks awareness and much more.

The Ask A Midwife (AAM) service was established at the beginning of March 2020 in response to the COVID-19 pandemic to offer a different way of communicating with women and families.

The service, run by a team of midwives from Humber and North Yorkshire Local Maternity and Neonatal system, offers emotional and social support via Facebook, Instagram and YouTube, and posts public health information daily. Midwives send a personal response when staff are online, alleviating the need to wait for appointments, and offer advice, reassurance and information while easing the clinical workforce burden.



AAM won a prestigious award from the Royal College of Midwives (RCM) in 2024 for Outstanding Contribution to Midwifery Services: Digital in recognition of the role that digital innovation can contribute to maternity services, safety and the health and wellbeing of women, babies, families and communities throughout pregnancy, birth and the postnatal period.

8.5 POPPY TEAM – CONTINUITY OF CARER IN GRIMSBY

The Poppy team are a small team of midwives and midwifery support workers who offer continuity for women and birthing people throughout pregnancy, labour and following birth. The aim is to ensure safe, personalised care by building relationships between the named midwife (or the buddy midwife) and the woman.

Grimsby's Poppy Team 5th Birthday celebrations!



I feel SO lucky to have been under the Poppy team last year. Lauren's care at each appointment was just above and beyond, so personalised. Seeing Leanne antenatally and post was also just fantastic, seeing her walk down our driveway with scales on day 3 was so reassuring!

Seeing the same person at each appointment was so helpful to me, I was having some tough personal circumstances in my second pregnancy and having to not have to tell my story at each appointment to someone new made a huge difference and I was so thankful for that

Was so lovely seeing some of the lovely poppy team who helped us through the toughest time we have ever gone through losing our sleeping angel daughter in october 2020 🥹 then seeing them all again helping us through another tough pregnancy with our rainbow son 3years ago 🌈 was a lovely afternoon 😊



I wish everyone could have the support of the poppy team during their pregnancy/ birth like I did



My elective caesarean was amazing – even though it was a busy day on the unit and I didn't get my named midwife's supporting me in theatre I still had the best experience and knowing they would be there for me afterwards comforted me

Having a baby can be one of the most vulnerable times of a woman's life. To have a familiar face at each appointment and when in the thick of labour it made such a huge difference to me and eased my anxieties

I had a really positive induction, knowing I was well supported helped keep me calm

If it wasn't for the support of the poppy team and the midwives that took the time to get to know me I don't think I would be here today to tell my story

8.6 SMOKING IN PREGNANCY

Smoking during pregnancy in Humber and North Yorkshire has reached its lowest level on record, with just **5.3% of women (170 total) smoking at delivery between April–June 2025**, down from 6.9% last year and 16.8% in 2019. This represents **110 fewer women smoking in pregnancy** compared to the same period last year.

The drop reflects **system-wide collaboration** between maternity teams, public health, stop smoking services, and local authorities, supported by targeted interventions such as the **Smokefree Pregnancy Financial Incentive Scheme**.

This progress shows the NHS and maternity services are making a real difference and another example of positive progress and success across HNY LMNS.

9 NEXT STEPS

The HNY LMNS Equity and Equality Action Plan is a **living document**, which will be regularly reviewed and updated by the LMNS team.

Key next steps include:

- Continued investment in professional leadership and MNVP input to drive new ideas while completing initial priorities.
- Ensuring **equity between physical and mental health provision** through the Equity Lead and collaboration with perinatal/maternal mental health teams.
- Tailoring support for communities based on local needs.
- Embedding the new **Maternity IT System (BadgerNet)** in 2022/23, guided by a co-produced digital strategy with system users and service users.
- Ongoing **regional collaboration** to share learning, pool ideas, and advance equitable, high-quality maternity and neonatal care.

10 SUMMARY AND CONCLUSION

In summary, HNY LMNS is committed to driving equity and equality across maternity and neonatal care, ensuring that women, birthing people, and families receive safe, personalised, and inclusive support. Through the delivery of our priorities—strengthening leadership and accountability, mitigating digital exclusion, improving data quality, accelerating preventative programmes, and embedding personalised care—we will target the greatest inequalities and focus resources where they are needed most.

Working in partnership with health and social care colleagues, frontline staff, the MNVPs, VCSE organisations, and service users, we will co-produce solutions that reflect the diverse needs of our population. Central to this work is a commitment to transparency, cultural sensitivity, and listening to seldom-heard voices.

We also recognise the importance of inclusion within our workforce. By valuing diversity, supporting under-represented staff, and promoting leadership opportunities, we will build a culture where everyone feels respected and able to contribute to improving maternity and neonatal care.

HNY LMNS will continue to champion values and behaviours that advance equality, diversity, and human rights in everything we do. By embedding these principles in practice, we will improve outcomes, reduce inequalities, and ensure that every family across Humber and North Yorkshire has a positive and equitable experience of maternity and neonatal services.

Guided by our values of equity, compassion, inclusion, and collaboration, HNY LMNS continues to build maternity and neonatal services that are accessible, culturally responsive, and inclusive.

We are working to reduce inequalities across our diverse population—spanning urban, coastal, and rural communities—by embedding public health principles and trauma-informed care into everyday practice.

11 ADDITIONAL BACKGROUND INFORMATION

National Drivers for Action		
	Driver	Source / Link
 1. Statutory equality duties	Equality Act 2010 – Public Sector Equality Duty (PSED) Equality Act 2010 – and due eliminate discrimination, advance equality of opportunity and foster good relations for all protected characteristics, including pregnancy & maternity	Citizens Advice Legislation.gov.uk
	Health and Care Act 2022 – Duties on ICBs and trusts - Section 14235 (formerly 136) places a specific legal duty on A integrated Care models - In cases and outcomes as when exercising any function, including commissioning of maternity	NHS England NHS England NHS England NHS England
 National policy & improvement frameworks	'Better Births' – National Maternity Review (2016) - Sets the vision of safer, more personalised and more equitable maternity services, establishes continuity of carer models NHS Long Term Plan (2016) & Maternity Transformation Programme - Commits the NHS to halving stillbirths, neonatal and maternal deaths by 2026 and explicitly links that ambition to tackling inequalities, smoking in pregnancy and perinatal mental health Saving Babies' Lives Care Bundle - Version 3 (2025) - Updates national clinical standards on fetal growth, smoking cessation and reduced fetal movements; equity metrics Equity & Equality Guidance for Local Maternity Systems (2022)  - Core20PLUS for Maternity and	
 3. National patient safety inquiries		
 4. Government & regulator levers	Maternity Disparities Taskforce (DrSC-2022) - Cross-government group chaired by ministers drives /action on Black and Asian maternal health gaps, reports regularly Women's Health Strategy for England (2022 - 2025)  FlevAt4SB maternity equity as a flagship commitment, requiring every NHS Arm's length body to demonstrate progress on closing gender Care Quality Commission - Single Assessment Framework,  (Ive2924/ inspects trusts and now ICSs against quality statements including	

11.1 HUMBER AND NORTH YORKSHIRE POPULATION OVERVIEW

The Humber region is geographically diverse, encompassing industrial, urban, rural, and coastal communities across four main local authorities: East Riding of Yorkshire, Hull, North Lincolnshire, and North East Lincolnshire. As of 2021, the Humber is home to approximately 935,900 people. Local healthcare is primarily delivered through Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), jointly serving around 1,045,700 residents, including parts of Lincolnshire. HUTH also provides tertiary services to a wider catchment population of up to 1.25 million people, stretching from Scarborough to Grimsby and Scunthorpe.

Population Growth and Demographics

Population growth in the Humber is slower than both regional and national averages. Over the next five years, numbers are expected to rise by just 1.5%, compared to 5.5% nationally and 3.5% across Yorkshire and the Humber. Hull has a younger and more ethnically diverse population than surrounding areas, while rural communities in East Riding and North Lincolnshire are older and less diverse.

Deprivation and Health Inequalities

The region contains some of the most deprived wards in England, driving significant disparities in income, education, employment, and health outcomes. Hull is most affected, with 51% of neighbourhoods in the 20% most income-deprived nationally, compared with 40% in North East Lincolnshire and 20% in North Lincolnshire. Even in relatively affluent East Riding, coastal towns such as Bridlington, Withernsea, and Goole face high levels of deprivation.

This steep socioeconomic gradient contributes to poorer health outcomes and shorter life expectancy in disadvantaged communities. Self-reported health is consistently worse than the national average, with higher rates of disability and “very bad” health in Hull, East Lindsey, and North East Lincolnshire. In some areas, one in ten people report that their daily activities are severely limited by disability, while at least one in six experience limitations across all localities.

Ethnic and Linguistic Diversity

Although the Humber is less ethnically diverse than England overall, some neighbourhoods are home to substantial minority populations. Around 5% of residents identify as Black, Asian, or Minority Ethnic (BAME), with some wards exceeding 30%. The largest group is Asian/Asian British (2.1%), particularly Bangladeshi communities in urban centres. Other significant groups include African heritage residents and Eastern European communities, especially Polish, Romanian, and Lithuanian.

Language diversity is notable, particularly in Hull, where more than 80 languages are spoken. Common languages include Bengali (Sylheti and Chatgaya), Arabic, Polish, Romanian, and Lithuanian, with Arabic being the most widely spoken non-European language.

Gender Identity and Sexual Orientation

Hull reports higher proportions of residents identifying as lesbian, gay, bisexual, or another LGBTQ+ identity compared with neighbouring areas, while rural parts of North Lincolnshire and East Riding remain below the national average. Similarly, people identifying as transgender, non-binary, or gender non-conforming are less visible in rural communities, suggesting barriers to representation, access to support, and inclusive healthcare.

Lifestyle and Health Behaviours

Lifestyle risk factors compound these challenges. Smoking and obesity rates exceed national averages in Hull, North Lincolnshire, and North East Lincolnshire, while physical activity levels are lower than average across all four local authority areas. These behaviours contribute to a higher burden of preventable illness and further widen the region’s health inequalities.

Implications for Maternity and Neonatal Equity

This demographic, socioeconomic, and health factors have a direct impact on maternity and neonatal outcomes across Humber and North Yorkshire. High levels of deprivation, lifestyle risk factors, and unequal access to care contribute to disparities in pregnancy experiences and outcomes, particularly for women and birthing people from marginalised or minoritised groups. The region’s ethnic and linguistic diversity, coupled with varying levels of health literacy and digital access, highlights the need for culturally appropriate, accessible, and inclusive maternity services. Addressing these challenges is central to the HNY LMNS Equity and Equality Action

Plan, ensuring that every woman, birthing person, and baby receives safe, personalised, and equitable care.

11.2 HEALTH LITERACY IN MATERNITY AND NEONATAL CARE

An awareness of health literacy in maternity and neonatal care is essential as it ensures that all women, birthing people, and families have fair access to safe, informed, and respectful care. It recognises that it's not just about individuals understanding the system — it's about creating a health-literate system that communicates clearly, listens actively, and adapts to meet every family's needs.

Health literacy focuses on the ability of women, birthing people, and families to find, understand, and use health information to make informed decisions about their care.

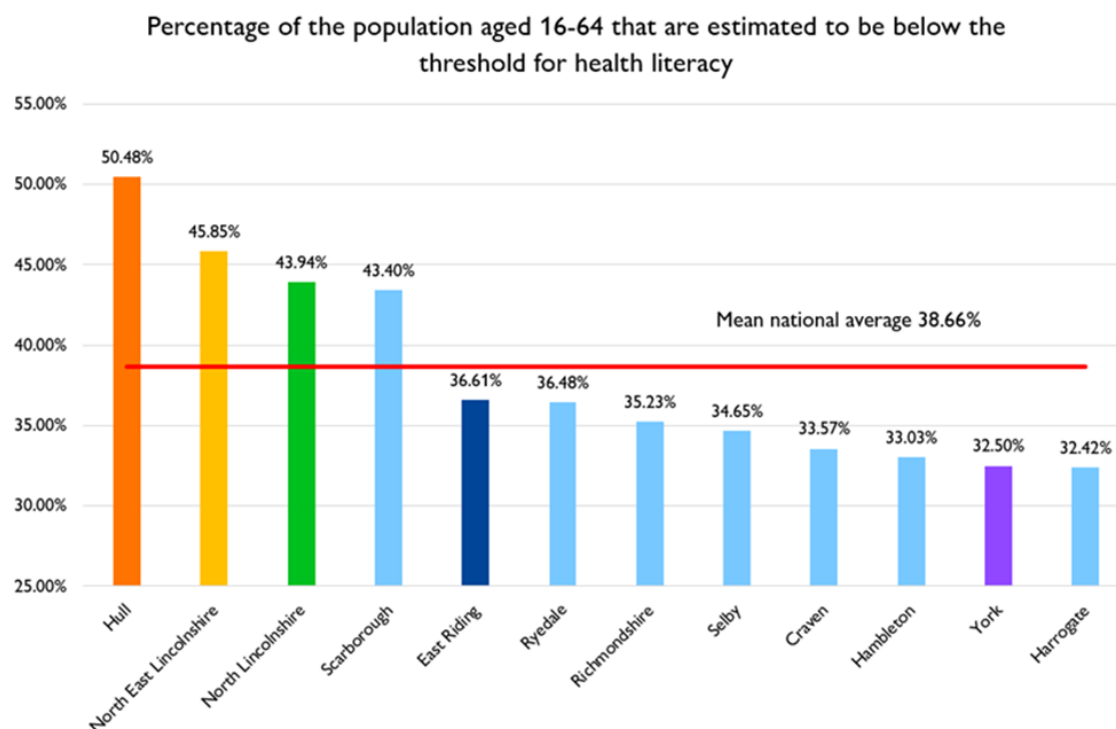
Why it matters:

- **Reduces Inequalities in Outcomes**
People with lower health literacy — including those from deprived areas, ethnic minority groups, or with additional needs — are at higher risk of poorer maternal and neonatal outcomes. Improving health literacy helps narrow these gaps.
- **Supports Personalised and Safe Care**
When families understand their care plans, choices, and what to expect, they are more able to participate in decision-making and follow care safely — promoting informed consent and confidence.
- **Improves Engagement and Continuity**
Clear, accessible communication helps families stay engaged throughout pregnancy, birth, and the postnatal period, improving trust and continuity of care.
- **Empowers Families and Builds Confidence**
Health-literate approaches enable women and birthing people to feel more in control, supporting self-advocacy, shared decision-making, and better experiences of care.
- **Makes Services More Inclusive**
Embedding health literacy means designing information and conversations that everyone can understand — using plain language, interpreters, visuals, and co-design with service users to meet diverse needs.

The end goal is for HNY LMNS to build a health-literate maternity and neonatal system where every family can understand, engage, and thrive and where ALL women, birthing people, and families feel **empowered in** shared decision-making, actively participate throughout their maternity journey and where communication is clear, accessible, and culturally sensitive for ALL.

11.2.1 Health literacy across Humber and North Yorkshire

It is important to be aware of the literacy levels across HNY as documented below:



HNY ICB, Inclusion Health, Sept 2025

Contributing factors are as follows:

Information Poverty: Many households lack access to the internet, which is essential for online health information.

Digital Inclusion: A significant number of people struggle to interact with healthcare services, which can hinder their ability to understand health information.

Health Literacy Correlation: Poor health literacy is linked to lower uptake of preventive services and higher reliance on emergency services, leading to poorer health outcomes.

Social and Economic Factors: Limited financial resources and social support can exacerbate health literacy issues, particularly among vulnerable groups.

Ongoing inclusion health and equity plans need to keep health literacy firmly on the agenda when considering health inequalities across HNY if we are to make any progress in the future.

11.3 ADDRESSING HEALTH INEQUALITIES ACROSS HNY

The demographics of HNY have become much more diverse in the past decade and the recent 'Health Inequalities Annual Report'

[Final-Health-Inequalities-Annual-Report-202425.pdf](#) published in August 2025 stated: *'Health inequalities remain stark across our ICS; a decade-long gap in healthy life expectancy separates our most and least deprived communities.'*

Although the report exposed concerning health inequalities it also highlighted the positive changes and the following progress across HNY ICB:

- Invested in over 60 Place-based initiatives tackling the root causes of inequality.
- Trained 32 Health Equity Fellows, each leading on reducing inequalities gaps in their area of work.
- Embedded lived experience and co-production at the heart of system change.
- Used linked datasets and Population Health Management to deliver precision prevention.
- Achieved measurable impact across Core20Plus5 priorities and Inclusion Health groups.



Core20PLUS5 [NHS England](#) » [Core20PLUS5 – An approach to reducing health inequalities for children and young people](#) is a national NHS England initiative designed to tackle health inequalities at both national and local levels. It targets the most deprived 20% of the population, identified through the Index of Multiple Deprivation (IMD), which measures factors such as income, education, housing, and health. In addition, it highlights priority groups facing systemic barriers, including ethnic minority communities, individuals with protected characteristics under the Equality Act 2010, and inclusion health groups—such as homeless people, vulnerable migrants, and others experiencing social exclusion.

A key focus area is maternity care, with an emphasis on improving continuity of care for women from deprived and ethnically diverse backgrounds, supported by safe and appropriate staffing levels.

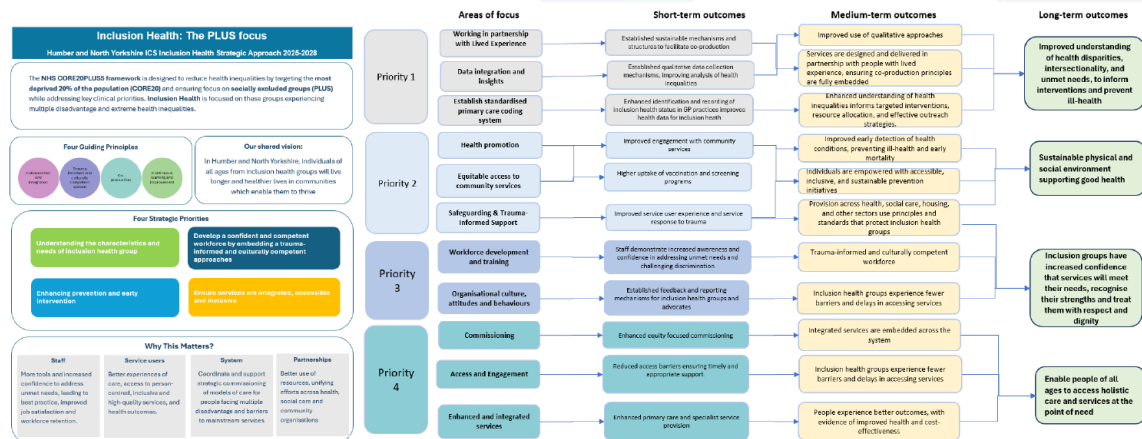
There is close collaboration with the ICB's Improving Population Health Programme to ensure that maternity and neonatal services not only provide high-quality clinical care but also actively promote fairness, dignity, and wellbeing. By working with communities, voluntary sector partners, and frontline staff, HNY ICB are creating a system that listens, learns, and adapts to meet the needs of those who experience the greatest disadvantage.

11.4 HNY ICB INCLUSION HEALTH

The Inclusion Health Action Plan [Final-Health-Inequalities-Annual-Report-202425.pdf](#) is a three-year plan that builds on previous inclusion health work undertaken across HNY to create a more equitable health, care and community system. The plan outlines the ICB approach on inclusion health, designed to include children and young people as well as adults, and aims to create meaningful and sustainable improvements in health, wellbeing, equity, and quality of life across the lifespan. The plan takes a progressive and iterative approach and represents HNY ICB's

commitment to reducing severe health inequalities and will be reviewed periodically to evaluate progress, respond to emerging challenges, and adapt to achieve the desired outcomes for inclusion health groups.

HNY Inclusion Health Action Plan



Inclusion Health have also made significant progress with the following initiatives:

- Commissioning on Interpreting and Translation Services
- HNY Health Equity Fellowship Programme
- Reducing Gaps through Health Inequalities Allocations
- [HNY ICB Health Inequalities Projects.docx](#)
- Inclusion Health Action Plan

11.5 RESOURCES AND USEFUL LINKS

- [Applying a Cultural Humility approach v2 Final draft.pdf](#)
- [Cultural competency materials as at 110724.pdf](#)
- [Embedding cultural awareness in maternity services - Health Innovation East 3](#)
- [Maternity - Maternity Voices HNY](#)
- [NHS England: 2021/22 Planning Guidance](#)
- [2021/22 Operational Priorities – NHS England](#)
- [NHS England: Annual Planning Guidance](#)
- [NHS England: 2021–22 Priorities](#)
- [Planning Guidance for 2021/22 – NHS England](#)
- [RCM launches tool to tackle high levels of maternity disadvantage - Royal College of Midwives](#)